

Part 1

Exhibit C

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY CHANGES

This endorsement forms a part of the Policy numbered below:

POLICY NUMBER: 83 UUN LN4159 K3

CHANGE NUMBER: 009

Policy Change Effective Date: 06/20/16

Named Insured: THE SECOND CITY, INC.
SEE IH1204

Producer's Name: ALPER SERVICES LLC

Pro Rata Factor: .164

Description of Change(s):

ANY CHANGES IN YOUR PREMIUM WILL BE REFLECTED IN YOUR NEXT BILLING STATEMENT. IF YOU ARE ENROLLED IN REPETITIVE EFT DRAWS FROM YOUR BANK ACCOUNT, CHANGES IN PREMIUM WILL CHANGE FUTURE DRAW AMOUNTS. THIS IS NOT A BILL.

NO PREMIUM DUE AT POLICY CHANGE EFFECTIVE DATE.

FORM NUMBERS OF COVERAGE PARTS AND ENDORSEMENTS REVISED
AT ENDORSEMENT ISSUE: SEE ABOVE FOR COMPANY NAME

IH12011185 LOSS PAYEE(S)



Countersigned by
(Where required by law)

Susan S. Castaneda

Authorized Representative

07/04/16

Date

The Company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

POLICY NUMBER: 83 UUN LN4159

CHANGE NUMBER: 009



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

LOSS PAYEE(S)

PROPERTY CHOICE COVERAGE PART

CIT FINANCE LLC

P.O. BOX 979220, MIAMI FL 33157

FAX: (305) 964-2341

EMAIL: LISC@ASSURANT.COM

ITEM DESCRIPTION: 4 XEROX 6400' S/1 XEROX 560/1X XEROX 7125 VALUED@
96,415.44

RE: LOC #001

PRODUCT PRODUCTIONS

1850 W. HUBBARD

CHICAGO, IL 60622

ITEM DESCRIPTION: LEASED AUDIO EQUIPMENT VALUE AT \$7,500

IRON KNIFE FILMS LTD., AS LOSS PAYEE

ADDRESS: 75 VAN BRUNT ST., BROOKLYN, IL 11231

ITEM DESCRIPTION: LEASED GRIP, ELECTRIC AND LIGHTING EQUIPMENT
VALUED AT \$75,000

DANIEL FARMER, (SOLE PROPRIETOR), LOSS PAYEE

ADDRESS: 179 FRANKLIN AVE., APT. 1, BROOKLYN, NY 11211

FOR THE FOLLOWING LEASED CAMERA EQUIPMENT VALUED @ \$20,000

SONY A7S CAMERA PACKAGE

SONY A7S CAMERA BODY

IKAN CAMERA CAGE INC RAILS, GRIP, COUNTER WEIGHT ACCS

SONY A7S CAMERA BATTERY

METABONES EF TO SONY E LENS ADAPTER

SONY A7S CAMERA BATTERY CHARGER

2 X 64GB SD CARD

ZEISS MILVUS 50MM/2.0 MACRO ZE

ZEISS 85MM / 1.4 PLANAR ZE

DANIEL FARMER, (SOLE PROPRIETOR), LOSS PAYEE (CONTINUED)

ADDRESS: 179 FRANKLIN AVE., APT. 1, BROOKLYN, NY 11211

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business records. At this time, the company
does not certify that these documents constitute
a complete and accurate copy of the policy.

POLICY NUMBER: 83 UUN LN4159

CHANGE NUMBER: 009



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

LOSS PAYEE(S)

PROPERTY CHOICE COVERAGE PART

CANON 24-70MM LENS
VARIABLE ND
POLARIZER
CONVERGENT DESIGN ODYSSEY 7Q+ MONITOR/RECORDER
3 X CONVERGENT DESIGN 256GB SSD DRIVE
4 X SONY L SERIES BATTERY
SONY L SERIES CHARGER
2 X SWITRONIX 98WH V-LOCK BATTERY
CONVERGENT DESIGN L SERIES BATTERY PLATE
CONVERGENT DESIGN ODYSSEY 7 MONITOR
15" MACBOOK PRO MID 2014
ZOOM H6 6 CHANNEL AUDIO RECORDER
SACHTLER ACE TRIPOD

OLD TOWN DEVELOPMENT ASSOCIATES, LLC
MID-AMERICA ASSET MANAGEMENT, INC
THOMAS M. TULLY, AS MANAGER
F.P.A., LLC
ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA
ONE PARKVIEW PLAZA 9TH FL
OAKBROOK TERRACE, IL 60181

DYNASTY DIGITAL CINEMA
2736 W. 96TH ST
EVERGREEN PARK, IL 60805
ATTN: MIKE BOVE
LOCATION 004/001
ITEM DESC: LP FOR RENTAL OF VIDEO EQPT VALUED @ \$34,013.64 FOR VIDEO
SHOOT
2 CANON C300 CAMERA (EF)
132GB CF CARD
4 CANON BP-955 7.4V BATTERY (C300/C500/7Q)
1 CANON CG-940 TRAVEL CHARGER (BP-955/975)
1 16-35MM CANON EF F/2.8L II (82MM)
1 FOCUS ZIP GEAR
1 24-70MM CANON EF F/2.8 II USM EW-88C/82MM
1 FOCUS ZIP GEAR
1 70-200MM CANON F/2.8L II (77MM-D)

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POLICY NUMBER: 83 UUN LN4159

CHANGE NUMBER: 009



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This endorsement modifies insurance provided under the following:

LOSS PAYEE(S)

PROPERTY CHOICE COVERAGE PART

1 FOCUS ZIP GEAR
1 O'CONNOR 1030D FLUID HEAD (100MM)
1 O'CONNOR 30L CARBON FIBER 2-STAGE TRIPOD (100MM)
1 HI-HAT (100MM BOWL)
1 ANTON BAUER GOLD MOUNT (CANON C100/C300/C500)
1 M-FF2 FOLLOW FOCUS UNIT

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POLICY CHANGES

This endorsement forms a part of the Policy numbered below:

POLICY NUMBER: 83 UUN LN4159 K3

CHANGE NUMBER: 007

Policy Change Effective Date: 05/02/16

Named Insured: THE SECOND CITY, INC.
SEE IH1204

Producer's Name: ALPER SERVICES LLC

Pro Rata Factor: .164

Description of Change(s):

ANY CHANGES IN YOUR PREMIUM WILL BE REFLECTED IN YOUR NEXT BILLING STATEMENT. IF YOU ARE ENROLLED IN REPETITIVE EFT DRAWS FROM YOUR BANK ACCOUNT, CHANGES IN PREMIUM WILL CHANGE FUTURE DRAW AMOUNTS. THIS IS NOT A BILL.

NO PREMIUM DUE AT POLICY CHANGE EFFECTIVE DATE.

PROPERTY CHOICE

HARTFORD FIRE INSURANCE COMPANY

PROPERTY CHOICE COVERAGE PART IS CHANGED

PROPERTY CHOICE - BUSINESS INTERRUPTION - ADDITIONAL COVERAGES

FORM NUMBERS OF COVERAGE PARTS AND ENDORSEMENTS REVISED AT ENDORSEMENT ISSUE: SEE ABOVE FOR COMPANY NAME

IH12011185 LOSS PAYEE(S)



Countersigned by
(Where required by law)

Suean L. Castaneda

Authorized Representative

05/08/16

Date

The Company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

POLICY NUMBER: 83 UUN LN4159

CHANGE NUMBER: 007



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

LOSS PAYEE(S)

PROPERTY CHOICE COVERAGE PART

CANON 24-70MM LENS
VARIABLE ND
POLARIZER
CONVERGENT DESIGN ODYSSEY 7Q+ MONITOR/RECORDER
3 X CONVERGENT DESIGN 256GB SSD DRIVE
4 X SONY L SERIES BATTERY
SONY L SERIES CHARGER
2 X SWITRONIX 98WH V-LOCK BATTERY
CONVERGENT DESIGN L SERIES BATTERY PLATE
CONVERGENT DESIGN ODYSSEY 7 MONITOR
15" MACBOOK PRO MID 2014
ZOOM H6 6 CHANNEL AUDIO RECORDER
SACHTLER ACE TRIPOD

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CHANGE NUMBER: 007



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This endorsement modifies insurance provided under the following:

LOSS PAYEE(S)

PROPERTY CHOICE COVERAGE PART

CIT FINANCE LLC

P.O. BOX 979220, MIAMI FL 33157

FAX: (305) 964-2341

EMAIL: LISC@ASSURANT.COM

ITEM DESCRIPTION: 4 XEROX 6400' S/1 XEROX 560/1X XEROX 7125 VALUED@
96,415.44

RE: LOC #001

PRODUCT PRODUCTIONS

1850 W. HUBBARD

CHICAGO, IL 60622

ITEM DESCRIPTION: LEASED AUDIO EQUIPMENT VALUE AT \$7,500

IRON KNIFE FILMS LTD., AS LOSS PAYEE

ADDRESS: 75 VAN BRUNT ST., BROOKLYN, IL 11231

ITEM DESCRIPTION: LEASED GRIP, ELECTRIC AND LIGHTING EQUIPMENT
VALUED AT \$75,000

DANIEL FARMER, (SOLE PROPRIETOR), LOSS PAYEE

ADDRESS: 179 FRANKLIN AVE., APT. 1, BROOKLYN, NY 11211

FOR THE FOLLOWING LEASED CAMERA EQUIPMENT VALUED @ \$20,000

SONY A7S CAMERA PACKAGE

SONY A7S CAMERA BODY

IKAN CAMERA CAGE INC RAILS, GRIP, COUNTER WEIGHT ACCS

SONY A7S CAMERA BATTERY

METABONES EF TO SONY E LENS ADAPTER

SONY A7S CAMERA BATTERY CHARGER

2 X 64GB SD CARD

ZEISS MILVUS 50MM/2.0 MACRO ZE

ZEISS 85MM / 1.4 PLANAR ZE

DANIEL FARMER, (SOLE PROPRIETOR), LOSS PAYEE (CONTINUED)

ADDRESS: 179 FRANKLIN AVE., APT. 1, BROOKLYN, NY 11211

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POLICY CHANGES

This endorsement forms a part of the Policy numbered below:

POLICY NUMBER: 83 UUN LN4159 K3

CHANGE NUMBER: 008

Policy Change Effective Date: 05/02/16

Named Insured: THE SECOND CITY, INC.

SEE IH1204

Producer's Name: ALPER SERVICES LLC

Pro Rata Factor: .164

Description of Change(s):

ANY CHANGES IN YOUR PREMIUM WILL BE REFLECTED IN YOUR NEXT BILLING STATEMENT. IF YOU ARE ENROLLED IN REPETITIVE EFT DRAWS FROM YOUR BANK ACCOUNT, CHANGES IN PREMIUM WILL CHANGE FUTURE DRAW AMOUNTS. THIS IS NOT A BILL.

NO PREMIUM DUE AT POLICY CHANGE EFFECTIVE DATE.

PROPERTY CHOICE

HARTFORD FIRE INSURANCE COMPANY

PROPERTY CHOICE COVERAGE PART IS CHANGED

PROPERTY CHOICE - BUSINESS INTERRUPTION - ADDITIONAL COVERAGES

FORM NUMBERS OF COVERAGE PARTS AND ENDORSEMENTS ADDED TO THIS POLICY AT ENDORSEMENT ISSUE: SEE ABOVE FOR COMPANY NAME

IH12011185 ENDORSEMENT 008 EFFECTIVE 05/02/2016

FORM NUMBERS OF COVERAGE PARTS AND ENDORSEMENTS DELETED FROM THIS POLICY AT ENDORSEMENT ISSUE: SEE ABOVE FOR COMPANY NAME

IH12011185 .
IH12011185 .



Countersigned by
(Where required by law)

Susan L. Castaneda

Authorized Representative

05/09/16

Date

The Company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

POLICY CHANGES (Continued)

POLICY NUMBER: 83 UUN LN4159 K3

FORM NUMBERS OF COVERAGE PARTS AND ENDORSEMENTS REVISED
AT ENDORSEMENT ISSUE: SEE ABOVE FOR COMPANY NAME

IH12011185 LOSS PAYEE(S)

POLICY NUMBER: 83 UUN LN4159

CHANGE NUMBER: 008



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LOSS PAYEE(S)

PROPERTY CHOICE COVERAGE PART

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FAX: (305) 964-2341

EMAIL: LISC@ASSURANT.COM

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96,415.44

RE: LOC #001

PRODUCT PRODUCTIONS

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ZEISS MILVUS 50MM/2.0 MACRO ZE

ZEISS 85MM / 1.4 PLANAR ZE

DANIEL FARMER, (SOLE PROPRIETOR), LOSS PAYEE (CONTINUED)

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LOSS PAYEE(S)

PROPERTY CHOICE COVERAGE PART

CANON 24-70MM LENS
VARIABLE ND
POLARIZER
CONVERGENT DESIGN ODYSSEY 7Q+ MONITOR/RECORDER
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CONVERGENT DESIGN L SERIES BATTERY PLATE
CONVERGENT DESIGN ODYSSEY 7 MONITOR
15" MACBOOK PRO MID 2014
ZOOM H6 6 CHANNEL AUDIO RECORDER
SACHTLER ACE TRIPOD

OLD TOWN DEVELOPMENT ASSOCIATES, LLC
MID-AMERICA ASSET MANAGEMENT, INC
THOMAS M. TULLY, AS MANAGER
F.P.A., LLC
ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA
ONE PARKVIEW PLAZA 9TH FL
OAKBROOK TERRACE, IL 60181

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POLICY NUMBER: 83 UUN LN4159

CHANGE NUMBER: 008



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This endorsement modifies insurance provided under the following:

ENDORSEMENT 008 EFFECTIVE 05/02/2016

PROPERTY CHOICE COVERAGE PART

ENDORSEMENT 008 EFFECTIVE DATE IS AMENDED TO 04/20/2016.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY CHANGES

This endorsement forms a part of the Policy numbered below:

POLICY NUMBER: 83 UUN LN4159 K3

CHANGE NUMBER: 006

Policy Change Effective Date: 04/29/16

Named Insured: THE SECOND CITY, INC.
SEE IH1204

Producer's Name: ALPER SERVICES LLC

Pro Rata Factor: .173

Description of Change(s):

ANY CHANGES IN YOUR PREMIUM WILL BE REFLECTED IN YOUR NEXT BILLING STATEMENT. IF YOU ARE ENROLLED IN REPETITIVE EFT DRAWS FROM YOUR BANK ACCOUNT, CHANGES IN PREMIUM WILL CHANGE FUTURE DRAW AMOUNTS. THIS IS NOT A BILL.

NO PREMIUM DUE AT POLICY CHANGE EFFECTIVE DATE.

PROPERTY CHOICE

HARTFORD FIRE INSURANCE COMPANY

PROPERTY CHOICE COVERAGE PART IS CHANGED

PROPERTY CHOICE - BUSINESS INTERRUPTION - ADDITIONAL COVERAGES

FORM NUMBERS OF COVERAGE PARTS AND ENDORSEMENTS ADDED TO THIS POLICY AT ENDORSEMENT ISSUE: SEE ABOVE FOR COMPANY NAME

IH12011185 .
IH12011185 .

FORM NUMBERS OF COVERAGE PARTS AND ENDORSEMENTS REVISED AT ENDORSEMENT ISSUE: SEE ABOVE FOR COMPANY NAME

IH12011185 LOSS PAYEE(S)



Countersigned by
(Where required by law)

Suean L. Castaneda

Authorized Representative

05/08/16

Date

The Company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

POLICY NUMBER: 83 UUN LN4159

CHANGE NUMBER: 006



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

LOSS PAYEE(S)

PROPERTY CHOICE COVERAGE PART

CIT FINANCE LLC

P.O. BOX 979220, MIAMI FL 33157

FAX: (305) 964-2341

EMAIL: LISC@ASSURANT.COM

ITEM DESCRIPTION: 4 XEROX 6400' S/1 XEROX 560/1X XEROX 7125 VALUED@
96,415.44

RE: LOC #001

PRODUCT PRODUCTIONS

1850 W. HUBBARD

CHICAGO, IL 60622

ITEM DESCRIPTION: LEASED AUDIO EQUIPMENT VALUE AT \$7,500

IRON KNIFE FILMS LTD., AS LOSS PAYEE

ADDRESS: 75 VAN BRUNT ST., BROOKLYN, IL 11231

ITEM DESCRIPTION: LEASED GRIP, ELECTRIC AND LIGHTING EQUIPMENT
VALUED AT \$75,000

The company located these documents in its
business records. At this time, the company
does not certify that these documents constitute
a complete and accurate copy of the policy.

POLICY NUMBER: 83 UUN LN4159

CHANGE NUMBER: 006



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

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PROPERTY CHOICE COVERAGE PART

.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY CHANGES

This endorsement forms a part of the Policy numbered below:

POLICY NUMBER: 83 UUN LN4159 K3

CHANGE NUMBER: 005

Policy Change Effective Date: 01/28/16

Named Insured: THE SECOND CITY, INC.

SEE IH1204

Producer's Name: ALPER SERVICES LLC

Pro Rata Factor: .425

Description of Change(s):

ANY CHANGES IN YOUR PREMIUM WILL BE REFLECTED IN YOUR NEXT BILLING STATEMENT. IF YOU ARE ENROLLED IN REPETITIVE EFT DRAWS FROM YOUR BANK ACCOUNT, CHANGES IN PREMIUM WILL CHANGE FUTURE DRAW AMOUNTS. THIS IS NOT A BILL.

NO PREMIUM DUE AT POLICY CHANGE EFFECTIVE DATE.

PROPERTY CHOICE

HARTFORD FIRE INSURANCE COMPANY

PROPERTY CHOICE COVERAGE PART IS CHANGED

PROPERTY CHOICE - BUSINESS INTERRUPTION - ADDITIONAL COVERAGES

PREMISES 2 IS REVISED

LOSS PAYEE(S):

LENDER'S LOSS PAYABLE IS ADDED:
SEE LOSS PAYABLE PROVISIONS

PREMISES 4 IS REVISED

LENDER'S LOSS PAYABLE IS ADDED:
SEE LOSS PAYABLE PROVISIONS



Countersigned by
(Where required by law)

Suean E. Castaneda

Authorized Representative

02/15/16

Date

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

POLICY CHANGES (Continued)

POLICY NUMBER: 83 UUN LN4159 K3

FORM NUMBERS OF COVERAGE PARTS AND ENDORSEMENTS REVISED
AT ENDORSEMENT ISSUE: SEE ABOVE FOR COMPANY NAME

IH12011185 LENDERS LOSS PAYABLE

POLICY NUMBER: 83 UUN LN4159

CHANGE NUMBER: 005



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

LENDERS LOSS PAYABLE

PROPERTY CHOICE COVERAGE PART

JP MORGAN CHASE BANK, N.A
10 SOUTH DEARBORN, FLOOR 34
MAIL CODE IL1-1202
CHICAGO, IL 60603-2300
RE: LOC 001 AND 002

CIT BANK, N.A. C/O ABIC SPECIALTY SERVICES
5TH FLR - PO BOX 979220
MIAMI, FL 33197

RE: LOC 001: XEROX XWC7225 LX5819879 56090 900-0236207 \$13,847
RE: LOC 001: XEROX XWC7225 LX5820053 56164 900-0236207 \$13,847
RE: LOC 002: XEROX 7225 LX5689744 900-0227055-000 \$16,087

WELLS FARGO FINANCIAL LEASING
LEASE INSURANCE SERVICES
P.O. BOX 979284
MIAMI, FL 33197-9284

RE: LOC 001: XEROX 6655X E1B941963 58395 113099-004 \$ 5,085
RE: LOC 001: XEROX 6655X E1B941960 58497 113099-003 \$ 5,085
RE: LOC 004: XEROX C60 E2B652341 58444 113099-002 D3A570920 \$ 41,780
RE: LOC 004: XEROX XWC7225 LX5818630 U9736 113099-007 \$ 13,847

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY CHANGES

This endorsement forms a part of the Policy numbered below:

POLICY NUMBER: 83 UUN LN4159 K3

CHANGE NUMBER: 004

Policy Change Effective Date: 12/11/15

Named Insured: THE SECOND CITY, INC.
SEE IH1204

Producer's Name: ALPER SERVICES LLC

Pro Rata Factor: .556

Description of Change(s):

ANY CHANGES IN YOUR PREMIUM WILL BE REFLECTED IN YOUR NEXT BILLING STATEMENT. IF YOU ARE ENROLLED IN REPETITIVE EFT DRAWS FROM YOUR BANK ACCOUNT, CHANGES IN PREMIUM WILL CHANGE FUTURE DRAW AMOUNTS. THIS IS NOT A BILL.

ADDITIONAL PREMIUM DUE AT THE CHANGE EFFECTIVE DATE: \$6,475.00*
*INCLUDES ADDITIONAL TERRORISM PREMIUM OF \$187.00

PROPERTY CHOICE

HARTFORD FIRE INSURANCE COMPANY

PROPERTY CHOICE COVERAGE PART IS CHANGED

PROPERTY CHOICE - BUSINESS INTERRUPTION - BLANKET DESCRIPTION OF COVERAGE

SPECIAL BUSINESS INCOME:

BLANKET LIMIT OF INSURANCE IS CHANGED FROM \$5,100,000
TO \$12,500,000

PROPERTY CHOICE - BUSINESS INTERRUPTION - ADDITIONAL COVERAGES



Countersigned by
(Where required by law)

Susan L. Castaneda

Authorized Representative

01/29/16

Date

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY CHANGES

This endorsement forms a part of the Policy numbered below:

POLICY NUMBER: 83 UUN LN4159 K3

CHANGE NUMBER: 003

Policy Change Effective Date: 12/07/15

Named Insured: THE SECOND CITY, INC.

SEE IH1204

Producer's Name: ALPER SERVICES LLC

Pro Rata Factor: .567

Description of Change(s):

ANY CHANGES IN YOUR PREMIUM WILL BE REFLECTED IN YOUR NEXT BILLING STATEMENT. IF YOU ARE ENROLLED IN REPETITIVE EFT DRAWS FROM YOUR BANK ACCOUNT, CHANGES IN PREMIUM WILL CHANGE FUTURE DRAW AMOUNTS. THIS IS NOT A BILL.

NO PREMIUM DUE AT POLICY CHANGE EFFECTIVE DATE.

FORM NUMBERS OF COVERAGE PARTS AND ENDORSEMENTS REVISED AT ENDORSEMENT ISSUE: SEE ABOVE FOR COMPANY NAME

IH12011185 LOSS PAYEE(S)



Countersigned by
(Where required by law)

Susan L. Castaneda

Authorized Representative

12/21/15

Date

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

POLICY NUMBER: 83 UUN LN4159

CHANGE NUMBER: 003



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

LOSS PAYEE(S)

PROPERTY CHOICE COVERAGE PART

CIT FINANCE LLC

P.O. BOX 979220, MIAMI FL 33157

FAX: (305) 964-2341

EMAIL: LISC@ASSURANT.COM

ITEM DESCRIPTION: 4 XEROX 6400' S/1 XEROX 560/1X XEROX 7125 VALUED@
96,415.44

RE: LOC #001

PRODUCT PRODUCTIONS

1850 W. HUBBARD

CHICAGO, IL 60622

ITEM DESCRIPTION: LEASED AUDIO EQUIPMENT VALUE AT \$7,500

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY CHANGES

This endorsement forms a part of the Policy numbered below:

POLICY NUMBER: 83 UUN LN4159 K3

CHANGE NUMBER: 002

Policy Change Effective Date: 10/23/15

Named Insured: THE SECOND CITY, INC.
SEE IH1204

Producer's Name: ALPER SERVICES LLC

Pro Rata Factor: .690

Description of Change(s):

ANY CHANGES IN YOUR PREMIUM WILL BE REFLECTED IN YOUR NEXT BILLING STATEMENT. IF YOU ARE ENROLLED IN REPETITIVE EFT DRAWS FROM YOUR BANK ACCOUNT, CHANGES IN PREMIUM WILL CHANGE FUTURE DRAW AMOUNTS. THIS IS NOT A BILL.

ADDITIONAL PREMIUM DUE AT THE CHANGE EFFECTIVE DATE: \$1,086.00*
*INCLUDES ADDITIONAL TERRORISM PREMIUM OF \$21.00

PROPERTY CHOICE

HARTFORD FIRE INSURANCE COMPANY

PROPERTY CHOICE COVERAGE PART IS CHANGED

BLANKET DESCRIPTION OF COVERAGE OR PROPERTY

BUSINESS PERSONAL PROPERTY COVERAGE:

BLANKET LIMIT OF INSURANCE IS CHANGED FROM \$15,205,000
TO \$15,305,000

PROPERTY CHOICE - BUSINESS INTERRUPTION - ADDITIONAL COVERAGES

AS RESPECTS BUSINESS INCOME COVERAGE, NO WAITING PERIOD APPLIES

CAUSES OF LOSS - EARTHQUAKE SPRINKLER LEAKAGE IS ADDED.

ALL OTHER STATES POLICY YEAR LIMIT OF INSURANCE: \$460,000

PREMISES 4 IS ADDED
SEE SCHEDULE PC0002

Countersigned by
(Where required by law)

Susan S. Castaneda

Authorized Representative

11/13/15

Date

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

POLICY CHANGES (Continued)

POLICY NUMBER: 83 UUN LN4159 K3

GENERAL LIABILITY

HARTFORD UNDERWRITERS INSURANCE COMPANY

FORM NUMBERS OF COVERAGE PARTS AND ENDORSEMENTS ADDED TO THIS POLICY
AT ENDORSEMENT ISSUE: SEE ABOVE FOR COMPANY NAME

PROPERTY: PC10300113

GENERAL LIABILITY: HC12111185 (APPLIES TO HM0010)

FORM NUMBERS OF COVERAGE PARTS AND ENDORSEMENTS REVISED
AT ENDORSEMENT ISSUE: SEE ABOVE FOR COMPANY NAME

PROPERTY: PC00020113T

**PROPERTY CHOICE - SCHEDULE OF
PREMISES AND COVERAGES**



POLICY NUMBER: 83 UUN LN4159

CHANGE NUMBER: 002

COVERAGE AND LIMITS OF INSURANCE

INSURANCE APPLIES ON A BLANKET BASIS ONLY TO A COVERAGE FOR WHICH A LIMIT OF INSURANCE IS SHOWN BELOW IN THE BLANKET DESCRIPTION OF COVERAGE OR PROPERTY. THE MAXIMUM WE WILL PAY FOR LOSS OR DAMAGE IN ANY ONE OCCURRENCE IS THE SMALLEST APPLICABLE LIMIT OF INSURANCE SHOWN IN THE DECLARATIONS, SCHEDULES, OR ENDORSEMENT(S).

BLANKET DESCRIPTION OF COVERAGE OR PROPERTY

FOR INSURANCE THAT APPLIES TO A SPECIFIC INSURED PREMISES SEE: PROPERTY CHOICE - SCHEDULED PREMISES.

LIMIT(S) OF INSURANCE
IN ANY ONE OCCURRENCE

BUSINESS PERSONAL PROPERTY \$15,305,000

VALUATION PROVISION:

REPLACEMENT COST (SUBJECT TO LIMITATIONS) APPLIES TO THE TYPES OF COVERED PROPERTY INSURED UNDER THIS POLICY. FOR VALUATION THAT APPLIES TO A SPECIFIC PREMISES SEE: PROPERTY CHOICE - SCHEDULED PREMISES.

PROPERTY CHOICE - BUSINESS INTERRUPTION - BLANKET DESCRIPTION OF COVERAGE

FOR INSURANCE THAT APPLIES TO A SPECIFIC PREMISES SEE: PROPERTY CHOICE - SCHEDULED PREMISES.

LIMITS OF INSURANCE
IN ANY ONE OCCURRENCE

SPECIAL BUSINESS INCOME: \$5,100,000
NO WAITING PERIOD APPLIES
PAYROLL IS INCLUDED

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

PROPERTY CHOICE - SCHEDULE OF PREMISES AND COVERAGES (continued)

POLICY NUMBER: 83 UUN LN4159

COINSURANCE PROVISION:

UNLESS OTHERWISE ELSEWHERE STATED IN THIS POLICY, COINSURANCE DOES NOT APPLY TO THE COVERAGES SHOWN ON THIS POLICY.

CAUSES OF LOSS - EARTHQUAKE SPRINKLER LEAKAGE

FOR INSURANCE THAT APPLIES TO A SPECIFIC PREMISES SEE: PROPERTY CHOICE - SCHEDULED PREMISES.
ALL COVERAGES AS PROVIDED AND LIMITED UNDER THIS POLICY AT ALL INSURED SCHEDULED PREMISES IN TOTAL SITUATED IN:

	POLICY YEAR LIMIT OF INSURANCE
CALIFORNIA	NOT COVERED
ALL OTHER STATES	\$460,000

CAUSES OF LOSS - EARTHQUAKE SPRINKLER LEAKAGE DOES NOT APPLY TO ANY DEPENDENT PROPERTIES OR ANY UNNAMED PREMISES OR ANY UTILITY SERVICES ADDITIONAL COVERAGE.

THE LARGEST POLICY YEAR LIMIT OF INSURANCE IS THE MOST WE WILL PAY UNDER THIS POLICY IN TOTAL IN ANY ONE POLICY YEAR EVEN IF THE LOSS OR DAMAGE INVOLVES MORE THAN ONE POLICY YEAR LIMIT OF INSURANCE

CAUSES OF LOSS - ADDITIONAL COVERAGE - EQUIPMENT BREAKDOWN

FOR INSURANCE THAT APPLIES TO A SPECIFIC PREMISES SEE: PROPERTY CHOICE - SCHEDULED PREMISES.

THE MOST WE WILL PAY IN ANY ONE EQUIPMENT BREAKDOWN ACCIDENT TO EQUIPMENT BREAKDOWN PROPERTY IS THE LESSER OF THE APPLICABLE BUILDING, BUSINESS PERSONAL PROPERTY AND BUSINESS INTERRUPTION LIMITS OF INSURANCE OR \$100,000,000.

COVERAGE EXTENSIONS: THE FOLLOWING COVERAGE EXTENSIONS LIMITS OF INSURANCE ARE INCLUDED IN THE CAUSES OF LOSS - ADDITIONAL COVERAGE - EQUIPMENT BREAKDOWN LIMIT OF INSURANCE AND APPLY IN ANY ONE EQUIPMENT BREAKDOWN ACCIDENT TO EQUIPMENT BREAKDOWN PROPERTY.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

PROPERTY CHOICE - SCHEDULE OF PREMISES AND COVERAGES (continued)

POLICY NUMBER: 83 UUN LN4159

	LIMITS OF INSURANCE
CFC REFRIGERANTS:	INCLUDED IN THE LIMIT OF INSURANCE APPLICABLE TO EQUIPMENT BREAKDOWN
HAZARDOUS SUBSTANCES:	\$100,000
SPOILAGE:	\$100,000
EXPEDITING EXPENSES:	\$100,000

DEDUCTIBLES

FOR DEDUCTIBLES THAT APPLY TO A SPECIFIC PREMISES SEE: PROPERTY CHOICE -
SCHEDULED PREMISES.

THE FOLLOWING DEDUCTIBLE(S) SHALL APPLY TO LOSS OR DAMAGE:

BY EARTHQUAKE SPRINKLER LEAKAGE:
IN ANY ONE OCCURRENCE: \$2,500
AS RESPECTS BUSINESS INCOME COVERAGE, NO WAITING PERIOD APPLIES.

BY ANY OTHER COVERED LOSS,
IN ANY ONE OCCURRENCE: \$2,500

PROPERTY CHOICE - SCHEDULED PREMISES

THE FOLLOWING LIMITS OF INSURANCE APPLY IN ANY ONE OCCURRENCE UNLESS
OTHERWISE STATED.

* * * * *

PREMISES NO. 1

ADDRESS:

1608-1616 N WELLS ST
CHICAGO, IL 60614
COOK COUNTY

PROPERTY CHOICE - SCHEDULE OF PREMISES AND COVERAGES (continued)

POLICY NUMBER: 83 UUN LN4159

PREMISES 1 CONTINUED

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DESCRIPTION OF COVERAGE OR PROPERTY	LIMIT OF INSURANCE
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BUSINESS PERSONAL PROPERTY (INCLUDING STOCK):	INCLUDED IN BLANKET BUSINESS PERSONAL PROPERTY LIMIT
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PROPERTY CHOICE - BUSINESS INTERRUPTION	LIMIT OF INSURANCE
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SPECIAL BUSINESS INCOME:	INCLUDED IN BLANKET PROFESSIONAL BUSINESS INCOME LIMIT
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PAYROLL IS INCLUDED

UTILITY SERVICES (24 HOUR WAITING PERIOD) EXCLUDING OVERHEAD TRANSMISSION LINES	\$1,000,000
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CAUSE OF LOSS - EARTHQUAKE SPRINKLER LEAKAGE:	
-----	-----
	NOT COVERED

-----	-----
LOSS PAYEE(S):	
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* * * * *

PREMISES NO. 2

ADDRESS:

6560 HOLLYWOOD BLVD FL 2
LOS ANGELES, CA 90028
LOS ANGELES COUNTY

PROPERTY CHOICE - SCHEDULE OF PREMISES AND COVERAGES (continued)

POLICY NUMBER: 83 UUN LN4159

PREMISES 2 CONTINUED

DESCRIPTION OF COVERAGE OR PROPERTY	LIMIT OF INSURANCE
BUSINESS PERSONAL PROPERTY (INCLUDING STOCK):	INCLUDED IN BLANKET BUSINESS PERSONAL PROPERTY LIMIT

PROPERTY CHOICE - BUSINESS INTERRUPTION	LIMIT OF INSURANCE
SPECIAL BUSINESS INCOME:	INCLUDED IN BLANKET PROFESSIONAL BUSINESS INCOME LIMIT
PAYROLL IS INCLUDED	

CAUSE OF LOSS - EARTHQUAKE SPRINKLER LEAKAGE:	
	NOT COVERED

LOSS PAYEE(S):

* * * * *

PREMISES NO. 3

ADDRESS:

1346 N NORTH BRANCH ST
CHICAGO, IL 60642
COOK COUNTY

PROPERTY CHOICE - SCHEDULE OF PREMISES AND COVERAGES (continued)

POLICY NUMBER: 83 UUN LN4159

PREMISES 3 CONTINUED

DESCRIPTION OF COVERAGE OR PROPERTY	LIMIT OF INSURANCE
BUSINESS PERSONAL PROPERTY (INCLUDING STOCK):	INCLUDED IN BLANKET BUSINESS PERSONAL PROPERTY LIMIT

LEGAL LIABILITY - BUILDING LIMIT OF INSURANCE:	\$200,000 IN ANY ONE ACCIDENT
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PROPERTY CHOICE - BUSINESS INTERRUPTION	LIMIT OF INSURANCE
SPECIAL BUSINESS INCOME: PAYROLL IS INCLUDED	\$50,000

CAUSE OF LOSS - EARTHQUAKE SPRINKLER LEAKAGE:	NOT COVERED
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PREMISES NO. 4

ADDRESS:

435 N MICHIGAN AVE STE 1615-17 23
CHICAGO, IL 60611
COOK COUNTY

DESCRIPTION OF COVERAGE OR PROPERTY	LIMIT OF INSURANCE
BUSINESS PERSONAL PROPERTY (INCLUDING STOCK):	INCLUDED IN BLANKET BUSINESS PERSONAL PROPERTY LIMIT

The company located these documents in its
business records. At this time, the company
does not certify that these documents constitute
a complete and accurate copy of the policy.

PROPERTY CHOICE - SCHEDULE OF PREMISES AND COVERAGES (continued)

POLICY NUMBER: 83 UUN LN4159

PREMISES 4 CONTINUED

PROPERTY CHOICE - BUSINESS INTERRUPTION LIMIT OF INSURANCE

SPECIAL BUSINESS INCOME: \$360,000
PAYROLL IS INCLUDED

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SCHEDULE CHANGES



POLICY NUMBER: 83 UUN LN4159

CHANGE NUMBER: 002

It is agreed that the Schedule (Form HC 12 10) is changed as follows:

THE FOLLOWING IS ADDED:

DESCRIPTION OF HAZARDS:	PREMISES/OPERATION COVERAGE
REFER TO:	COMMERCIAL GENERAL LIABILITY COVERAGE PART (FORM HC 00 10)
PRMS/BLDG NO:	004/001 TERR: 501
LOCATION:	435 N MICHIGAN AVE STE 1615-17 23 CHICAGO IL 60611

CLASSIFICATION CODE NUMBER
AND DESCRIPTION: 61224
BUILDINGS OR PREMISES - BANK OR OFFICE - PREMISES PRIMARILY OCCUPIED BY
EMPLOYEES OF THE INSURED - OTHER THAN NOT-FOR-PROFIT - INCLUDING PRODUCTS
AND/OR COMPLETED OPERATIONS - PRODUCTS/COMPLETED OPERATIONS LOSSES ARE
SUBJECT TO THE GENERAL AGGREGATE LIMIT

PREMIUM AND RATING BASIS:	AREA	PER 1,000
EXPOSURE:	12,296	
RATE:	66.8900	
ANNUAL PREMIUM:	831.00	
PREMIUM CHANGE:	573.00 AP	

TOTAL PREMIUM CHANGE FOR THIS POLICY CHANGE:	573.00 AP
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The company located these documents in its
business records. At this time, the company
does not certify that these documents constitute
a complete and accurate copy of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY CHANGES

This endorsement forms a part of the Policy numbered below:

POLICY NUMBER: 83 UUN LN4159 K3

CHANGE NUMBER: 001

Policy Change Effective Date: 07/01/15

Named Insured: THE SECOND CITY, INC.
SEE IH1204

Producer's Name: ALPER SERVICES LLC

Pro Rata Factor:

Description of Change(s):

ANY CHANGES IN YOUR PREMIUM WILL BE REFLECTED IN YOUR NEXT BILLING STATEMENT. IF YOU ARE ENROLLED IN REPETITIVE EFT DRAWS FROM YOUR BANK ACCOUNT, CHANGES IN PREMIUM WILL CHANGE FUTURE DRAW AMOUNTS. THIS IS NOT A BILL.

NO PREMIUM DUE AT POLICY CHANGE EFFECTIVE DATE.

FORM NUMBERS OF COVERAGE PARTS AND ENDORSEMENTS ADDED TO THIS POLICY AT ENDORSEMENT ISSUE: SEE ABOVE FOR COMPANY NAME

IH12011185 PROPERTY CHOICE-ADDITIONAL COVERAGES-
REVISED LIMITS OF INSURANCE
PC 20 24 01 09



Countersigned by
(Where required by law)

Sueann L. Castaneda
Authorized Representative

08/28/15

Date

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

POLICY NUMBER: 83 UUN LN4159

CHANGE NUMBER: 001



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

PROPERTY CHOICE-ADDITIONAL COVERAGES-
REVISED LIMITS OF INSURANCE
PC 20 24 01 09

PROPERTY CHOICE COVERAGE PART

IT IS HEREBY AGREED AND UNDERSTOOD FORM NUMBER PC 20 24 01 09 HAS
BEEN ADDED.

The company located these documents in its
business records. At this time, the company
does not certify that these documents constitute
a complete and accurate copy of the policy.

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 20 10 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - OWNERS, LESSEES OR
CONTRACTORS - SCHEDULED PERSON OR
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

- C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 20 26 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

This SPECIAL MULTI-FLEX POLICY is provided by the stock insurance company(s) of The Hartford Insurance Group, shown below.

COMMON POLICY DECLARATIONS



POLICY NUMBER: 83 UUN LN4159 K3
RENEWAL OF: 83 UUN LN4159

Named Insured and Mailing Address:
(No., Street, Town, State, Zip Code)

THE SECOND CITY, INC.
SEE IH1204
1616 N WELLS ST
CHICAGO , IL 60614
(COOK COUNTY)

Policy Period:

From 07/01/15 To 07/01/16

12:01 A.M., Standard time at your mailing address shown above.

In return for the payment of the premium, and subject to all of the terms of this policy, we agree with you to provide insurance as stated in this policy. The Coverage Parts that are a part of this policy are listed below. The Advance Premium shown may be subject to adjustment.

Total Advance Premium: \$112,650.00

Coverage Part and Insurance Company Summary

Advance Premium

IN RECOGNITION OF THE MULTIPLE COVERAGES INSURED WITH THE HARTFORD, YOUR POLICY PREMIUM INCLUDES AN ACCOUNT CREDIT.

PROPERTY CHOICE
HARTFORD FIRE INSURANCE COMPANY
ONE HARTFORD PLAZA
HARTFORD, CONNECTICUT 06155

\$ 33,814.00

LISTING OF ADDITIONAL COVERAGE PARTS CONTINUED ON THE FOLLOWING PAGE.

Form Numbers of Coverage Parts, Forms and Endorsements that are a part of this policy and that are not listed in the Coverage Parts.

HM0001 IL00171198 IH09850115 IH12040312 IH99400409 IH99410409 IL00210908
IL01470911 PC00010109 HA00250614 HC00100798 HC00200295

Agent/Broker Name: ALPER SERVICES LLC

Countersigned by
(Where required by law)

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.
Susan S. Castaneda 07/08/15
Authorized Representative Date

COMMON POLICY DECLARATIONS (Continued)

POLICY NUMBER: 83 UUN LN4159

ADDITIONAL COVERAGE PARTS (CONTINUED)

COVERAGE PART AND INSURANCE COMPANY SUMMARY	ADVANCE PREMIUM
COMMERCIAL AUTO HARTFORD FIRE INSURANCE COMPANY ONE HARTFORD PLAZA HARTFORD, CONNECTICUT 06155	\$ 1,769.00
COMMERCIAL GENERAL LIABILITY EMPLOYEE BENEFITS LIABILITY HARTFORD UNDERWRITERS INSURANCE COMPANY ONE HARTFORD PLAZA HARTFORD, CONNECTICUT 06155	\$ 77,067.00

POLICY NUMBER: 83 UUN LN4159



THIS ENDORSEMENT IS ATTACHED TO AND MADE PART OF YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT.

DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

TERRORISM PREMIUM	
Coverage:	Premium (if Covered):
PROPERTY	\$ 988.00
GENERAL LIABILITY	\$ 763.00
TOTAL	\$ 1,751.00

A. Disclosure Of Premium

In accordance with the federal Terrorism Risk Insurance Act, as amended (TRIA), we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for "certified acts of terrorism" under TRIA. The portion of your premium attributable to such coverage is shown above in this endorsement.

B. The following definition is added with respect to the provisions of this endorsement:

A "certified act of terrorism" means an act that is certified by the Secretary of the Treasury, in accordance with the provisions of TRIA, to be an act of terrorism under TRIA. The criteria contained in TRIA for a "certified act of terrorism" include the following:

1. The act results in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to TRIA; and
2. The act results in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of an United States mission; and
3. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals as part of an effort to

coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

C. Disclosure Of Federal Share Of Terrorism Losses Under TRIA

The United States Department of the Treasury will reimburse insurers for a portion of such insured losses as indicated in the table below that exceeds the applicable insurer deductible:

Calendar Year	Federal Share of Terrorism Losses
2015	85%
2016	84%
2017	83%
2018	82%
2019	81%
2020 or later	80%

However, if aggregate insured losses attributable to "certified acts of terrorism" under TRIA exceed \$100 billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion. The United States Government has not charged any premium for their participation in covering terrorism losses.

D. Cap On Insurer Liability for Terrorism Losses Under TRIA

If aggregate insured losses attributable to "certified acts of terrorism" under TRIA exceed \$100 billion in a calendar year and we have met, or will meet, our insurer deductible under TRIA we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion. In such case, your coverage for terrorism losses may be reduced on a pro-rata basis in accordance with procedures established by the Treasury, based on its estimates of aggregate industry losses and our estimate that we will exceed our insurer deductible. In accordance with Treasury procedures, amounts paid for losses may be subject to further adjustments based on differences between actual losses and estimates.

E. Application of Other Exclusions

The terms and limitations of any terrorism exclusion, the inapplicability or omission of a terrorism exclusion, or the inclusion of terrorism coverage, do not serve to create coverage for any loss which would otherwise be excluded under this Coverage Form, Coverage Part or Policy.

F. All other terms and conditions remain the same.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

POLICY NUMBER: 83 UUN LN4159



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**AMENDMENT OF THE DECLARATIONS - ADDITIONAL
PERSONS OR ORGANIZATIONS DESIGNATED AS NAMED
INSUREDS**

The following person(s) or organization(s) are added to the Declarations as Named Insureds:

THE SECOND CITY, INC.
SECOND CITY, INC.
SECOND CITY COMMUNICATIONS, INC.
THE SECOND CITY - BRONZEVILLE, INC.
SECOND CITY ENTERTAINMENT, LLC.
THE SECOND CITY - LAS VEGAS, INC.
THE SECOND CITY VEGAS, LLC.
SECPROV, LLC.
THE SECOND CITY - LOS ANGELES, INC.
ANDREW ALEXANDER PRODUCTIONS, INC.
THE SECOND CITY - NEW YORK, INC.
SECOND CITY FOUNDATION, AN IL NOT-FOR-PROFIT COMPANY
SECOND CITY MANAGEMENT, INC.
SECOND CITY INTERNATIONAL, LTD.
UP COMEDY CLUB LLC
SECOND CITY REAL ESTATE, LLC
SECOND CITY WORKS, INC.

The company located these documents in its
business records. At this time, the company
does not certify that these documents constitute
a complete and accurate copy of the policy.



Named Insured: THE SECOND CITY, INC.

Policy Number: 83 UUN LN4159

Effective Date: 07/01/15

Expiration Date: 07/01/16

Company Name: HARTFORD FIRE INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

TRADE OR ECONOMIC SANCTIONS ENDORSEMENT

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing insurance, including, but not limited to, the payment of claims.

All other terms and conditions remain unchanged.

PROPERTY CHOICE COVERAGE PART - DECLARATIONS



POLICY NUMBER: 83 UUN LN4159

This PROPERTY CHOICE COVERAGE PART consists of:

- A. This Declarations;
- B. Property Choice Schedule of Premises and Coverages;
- C. Property Choice Conditions and Definitions;
- D. Property Choice Coverage Form;
- E. Property Choice Specialized Property Insurance Coverages;
- F. Property Choice Covered Causes of Loss and Exclusions Form; and
- G. Any other Coverage Forms, Conditions Forms, Endorsements and Schedules issued to be a part of this Coverage Part and listed below.

Various provisions in this Coverage Part restrict coverage. Read the entire Coverage Part carefully to determine rights, duties and what is and is not covered.

Throughout this Coverage Part the words "you" and "your" refer to the Named Insured shown in the Declarations. The words "we", "us" and "our" refer to the Company providing this insurance.

Other words and phrases that appear in quotation marks have special meaning. Refer to Definitions found in the Property Choice Conditions and Definitions (Form Number PC 00 90).

ADVANCE PREMIUM: \$33,814.00

AUDIT PERIOD:

Except in this Declarations, when we use the word "Declarations" in this Coverage Part, we mean this "Property Choice Declarations" or the "Common Policy Declarations".

All Schedules listed on this Declarations are part of this Declarations.

Form Numbers of Coverage Forms, Endorsements, and Schedules that are a part of this Coverage Part:

PC00910113 PC00020113T PC50040113 PC20230109 PC20260109 PC00900113
IH09400115 PC26020113 PC00100113 PC00200113 PC00300113 PC10100113
PC10830113 PC00970109 PC00500109 PC30121205 PC31040310 PC31120913
IH12011185 CLARIFICATION OF COVERAGE
IH12011185 LENDERS LOSS PAYABLE
IH12011185 FULL LOCATION ADDRESS
IH12011185 LOSS PAYEE(S)

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

**PROPERTY CHOICE - SCHEDULE OF
PREMISES AND COVERAGES**



POLICY NUMBER: 83 UUN LN4159

COVERAGE AND LIMITS OF INSURANCE

INSURANCE APPLIES ON A BLANKET BASIS ONLY TO A COVERAGE FOR WHICH A LIMIT OF INSURANCE IS SHOWN BELOW IN THE BLANKET DESCRIPTION OF COVERAGE OR PROPERTY. THE MAXIMUM WE WILL PAY FOR LOSS OR DAMAGE IN ANY ONE OCCURRENCE IS THE SMALLEST APPLICABLE LIMIT OF INSURANCE SHOWN IN THE DECLARATIONS, SCHEDULES, OR ENDORSEMENT(S).

BLANKET DESCRIPTION OF COVERAGE OR PROPERTY

FOR INSURANCE THAT APPLIES TO A SPECIFIC INSURED PREMISES SEE: PROPERTY CHOICE - SCHEDULED PREMISES.

LIMIT(S) OF INSURANCE
IN ANY ONE OCCURRENCE

BUSINESS PERSONAL PROPERTY

\$15,205,000

VALUATION PROVISION:

REPLACEMENT COST (SUBJECT TO LIMITATIONS) APPLIES TO THE TYPES OF COVERED PROPERTY INSURED UNDER THIS POLICY. FOR VALUATION THAT APPLIES TO A SPECIFIC PREMISES SEE: PROPERTY CHOICE - SCHEDULED PREMISES.

PROPERTY CHOICE - BUSINESS INTERRUPTION - BLANKET DESCRIPTION OF COVERAGE

FOR INSURANCE THAT APPLIES TO A SPECIFIC PREMISES SEE: PROPERTY CHOICE - SCHEDULED PREMISES.

LIMITS OF INSURANCE
IN ANY ONE OCCURRENCE

SPECIAL BUSINESS INCOME:
NO WAITING PERIOD APPLIES
PAYROLL IS INCLUDED

\$5,100,000

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

PROPERTY CHOICE - SCHEDULE OF PREMISES AND COVERAGES (continued)

POLICY NUMBER: 83 UUN LN4159

COINSURANCE PROVISION:

UNLESS OTHERWISE ELSEWHERE STATED IN THIS POLICY, COINSURANCE DOES NOT
APPLY TO THE COVERAGES SHOWN ON THIS POLICY.

CAUSES OF LOSS - ELECTRONIC VANDALISM

ELECTRONIC VANDALISM LIMIT OF INSURANCE IN ANY ONE OCCURRENCE:

\$100,000 IN TOTAL FOR ALL COVERED BUILDING OR BUSINESS PERSONAL PROPERTY
\$100,000 IN TOTAL FOR ALL COVERED BUSINESS INCOME, RENTAL INCOME OR EXT
EXPENSE

12 HOUR WAITING PERIOD APPLIES TO ELECTRONIC VANDALISM - BUSINESS INCOME
OR RENTAL INCOME LOSS.

THE FOLLOWING COVERAGES ARE FOUND IN THE CAUSES OF LOSS - ELECTRONIC
VANDALISM FORM AND ARE IN ADDITION TO THE CAUSES OF LOSS - ELECTRONIC
VANDALISM CAUSES OF LOSS - LIMIT OF INSURANCE IN ANY ONE OCCURRENCE:

DENIAL OF SERVICE - BUSINESS INCOME: \$25,000
12 HOUR WAITING PERIOD APPLIES TO DENIAL OF SERVICE - BUSINESS INCOME
LOSS.

GOOD FAITH ADVERTISING EXPENSE: \$25,000 IN ANY ONE
POLICY YEAR

CAUSES OF LOSS - ADDITIONAL COVERAGE - EQUIPMENT BREAKDOWN

FOR INSURANCE THAT APPLIES TO A SPECIFIC PREMISES SEE: PROPERTY CHOICE -
SCHEDULED PREMISES.

THE MOST WE WILL PAY IN ANY ONE EQUIPMENT BREAKDOWN ACCIDENT TO EQUIPMENT
BREAKDOWN PROPERTY IS THE LESSER OF THE APPLICABLE BUILDING, BUSINESS
PERSONAL PROPERTY AND BUSINESS INTERRUPTION LIMITS OF INSURANCE OR
\$100,000,000.

COVERAGE EXTENSIONS: THE FOLLOWING COVERAGE EXTENSIONS LIMITS OF INSURANCE
ARE INCLUDED IN THE CAUSES OF LOSS - ADDITIONAL COVERAGE - EQUIPMENT
BREAKDOWN LIMIT OF INSURANCE AND APPLY IN ANY ONE EQUIPMENT BREAKDOWN
ACCIDENT TO EQUIPMENT BREAKDOWN PROPERTY.

The company located these documents in its
business records. At this time, the company
does not certify that these documents constitute
a complete and accurate copy of the policy.

PROPERTY CHOICE - SCHEDULE OF PREMISES AND COVERAGES (continued)

POLICY NUMBER: 83 UUN LN4159

LIMITS OF INSURANCE

CFC REFRIGERANTS:	INCLUDED IN THE LIMIT OF INSURANCE APPLICABLE TO EQUIPMENT BREAKDOWN
HAZARDOUS SUBSTANCES:	\$100,000
SPOILAGE:	\$100,000
EXPEDITING EXPENSES:	\$100,000

DEDUCTIBLES

FOR DEDUCTIBLES THAT APPLY TO A SPECIFIC PREMISES SEE: PROPERTY CHOICE -
SCHEDULED PREMISES.

THE FOLLOWING DEDUCTIBLE(S) SHALL APPLY TO LOSS OR DAMAGE:

BY COVERED LOSS,
IN ANY ONE OCCURRENCE: \$2,500

PROPERTY CHOICE - SCHEDULED PREMISES

THE FOLLOWING LIMITS OF INSURANCE APPLY IN ANY ONE OCCURRENCE UNLESS
OTHERWISE STATED.

* * * * *

PREMISES NO. 1

ADDRESS:

1608-1616 N WELLS ST
CHICAGO, IL 60614
COOK COUNTY

The company located these documents in its
business records. At this time, the company
does not certify that these documents constitute
a complete and accurate copy of the policy.

PROPERTY CHOICE - SCHEDULE OF PREMISES AND COVERAGES (continued)

POLICY NUMBER: 83 UUN LN4159

PREMISES 1 CONTINUED

DESCRIPTION OF COVERAGE OR PROPERTY	LIMIT OF INSURANCE
BUSINESS PERSONAL PROPERTY (INCLUDING STOCK):	INCLUDED IN BLANKET BUSINESS PERSONAL PROPERTY LIMIT

PROPERTY CHOICE - BUSINESS INTERRUPTION	LIMIT OF INSURANCE
SPECIAL BUSINESS INCOME:	INCLUDED IN BLANKET PROFESSIONAL BUSINESS INCOME LIMIT

PAYROLL IS INCLUDED

UTILITY SERVICES (24 HOUR WAITING PERIOD) EXCLUDING OVERHEAD TRANSMISSION LINES	\$1,000,000
---	-------------

LOSS PAYEE(S):

* * * * *

PREMISES NO. 2

ADDRESS:

6560 HOLLYWOOD BLVD FL 2
LOS ANGELES, CA 90028
LOS ANGELES COUNTY

DESCRIPTION OF COVERAGE OR PROPERTY	LIMIT OF INSURANCE
BUSINESS PERSONAL PROPERTY (INCLUDING STOCK):	INCLUDED IN BLANKET BUSINESS PERSONAL PROPERTY LIMIT

The company located these documents in its
business records. At this time, the company
does not certify that these documents constitute
a complete and accurate copy of the policy.

PROPERTY CHOICE - SCHEDULE OF PREMISES AND COVERAGES (continued)

POLICY NUMBER: 83 UUN LN4159

PREMISES 2 CONTINUED

-----	-----
PROPERTY CHOICE - BUSINESS INTERRUPTION	LIMIT OF INSURANCE
-----	-----

SPECIAL BUSINESS INCOME:	INCLUDED IN BLANKET
	PROFESSIONAL BUSINESS
	INCOME LIMIT
PAYROLL IS INCLUDED	

-----	-----
LOSS PAYEE(S):	
-----	-----

* * * * *

PREMISES NO. 3

ADDRESS:

1346 N NORTH BRANCH ST
CHICAGO, IL 60642
COOK COUNTY

-----	-----
DESCRIPTION OF COVERAGE OR PROPERTY	LIMIT OF INSURANCE
-----	-----

BUSINESS PERSONAL PROPERTY (INCLUDING STOCK):	INCLUDED IN BLANKET
	BUSINESS PERSONAL
	PROPERTY LIMIT

LEGAL LIABILITY - BUILDING LIMIT OF INSURANCE:	\$200,000
	IN ANY ONE ACCIDENT

-----	-----
PROPERTY CHOICE - BUSINESS INTERRUPTION	LIMIT OF INSURANCE
-----	-----

SPECIAL BUSINESS INCOME:	\$50,000
PAYROLL IS INCLUDED	

The company located these documents in its
business records. At this time, the company
does not certify that these documents constitute
a complete and accurate copy of the policy.

POLICY NUMBER: 83 UUN LN4159

PROPERTY CHOICE



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PROPERTY CHOICE BUSINESS INTERRUPTION - ADDITIONAL COVERAGES - REVISED WAITING PERIODS

This Endorsement modifies insurance provided under the following:

PROPERTY CHOICE SPECIAL BUSINESS INCOME - ADDITIONAL COVERAGES
PROPERTY CHOICE BUSINESS INCOME - ADDITIONAL COVERAGES
PROPERTY CHOICE PROFESSIONAL BUSINESS INCOME - ADDITIONAL COVERAGES
PROPERTY CHOICE RENTAL INCOME - ADDITIONAL COVERAGES
PROPERTY CHOICE EXTRA EXPENSE - ADDITIONAL COVERAGES

Schedule

Additional Coverage

Revised Waiting Period

WEBSITE AND
INTERNET SERVICES:

24 HOURS

POLICY NUMBER: 83 UUN LN4159



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

CLARIFICATION OF COVERAGE

PROPERTY CHOICE COVERAGE PART

IT IS HEREBY AGREED THAT THE SECOND CITY HAS PERMISSION TO BUILD
ON A DIFFERENT SITE IF LOSS OCCURS AT 1616 N. WELLS STREET,
CHICAGO, IL

The company located these documents in its
business records. At this time, the company
does not certify that these documents constitute
a complete and accurate copy of the policy.

POLICY NUMBER: 83 UUN LN4159



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

LENDERS LOSS PAYABLE

PROPERTY CHOICE COVERAGE PART

JP MORGAN CHASE BANK, N.A
10 SOUTH DEARBORN, FLOOR 34
MAIL CODE IL1-1202
CHICAGO, IL 60603-2300
RE: LOC 001 AND 002

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

POLICY NUMBER: 83 UUN LN4159



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

FULL LOCATION ADDRESS

PROPERTY CHOICE COVERAGE PART

FULL LOCATION ADDRESS FOR LOCATION 001/BUILDING 001:

1616 N WELLS ST & 230 W NORTH AVE
CHICAGO, IL

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

POLICY NUMBER: 83 UUN LN4159



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

LOSS PAYEE(S)

PROPERTY CHOICE COVERAGE PART

CIT FINANCE LLC
P.O. BOX 979220, MIAMI FL 33157
FAX: (305) 964-2341
EMAIL: LISC@ASSURANT.COM
ITEM DESCRIPTION: 4 XEROX 6400' S/1 XEROX 560/1X XEROX 7125 VALUED@
96,415.44
RE: LOC #001

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

**COMMERCIAL AUTOMOBILE
COVERAGE PART - DECLARATIONS
BUSINESS AUTO COVERAGE FORM**



POLICY NUMBER: 83 UUN LN4159

This COMMERCIAL AUTOMOBILE COVERAGE PART consists of:

- A. This Declarations Form;
- B. Business Auto Coverage Form; and
- C. Any Endorsements issued to be a part of this Coverage Form and listed below.

ITEM ONE - NAMED INSURED AND ADDRESS

The Named Insured is stated on the Common Policy Declarations.

ADVANCE PREMIUM: \$ 1,769.00

AUDIT PERIOD:

Except in this Declarations, when we use the word "Declarations" in this Coverage Part, we mean this "Declarations" or the "Common Policy Declarations".

Form Numbers of Coverage Forms, Endorsements and Schedules that are part of this Coverage Part:

HA00040302	HA00340614	CA00011013	CA01200115	CA02701013
HA00240614	HA20070614	HA99080614	HA99130187	HA99160312

Form HA 00 25 06 14

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The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Page 1 of 4

**COMMERCIAL AUTOMOBILE
COVERAGE PART - DECLARATIONS
BUSINESS AUTO COVERAGE FORM (Continued)**

POLICY NUMBER: 83 UUN LN4159

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the advance premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as "covered autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form next to the name of the coverage.

Coverages	Covered Autos	Limit The Most We Will Pay for Any One Accident or Loss	Advance Premium
COVERED AUTOS LIABILITY	08,09	\$ 1,000,000	\$ 1,530.00
PERSONAL INJURY PROTECTION (or equivalent No-Fault coverage)		Separately stated in each Personal Injury Protection Endorsement.	
ADDED PERSONAL INJURY PROTECTION (or equivalent added No-Fault coverage)		Separately stated in each Added Personal Injury Protection Endorsement.	
OPTIONAL BASIC ECONOMIC LOSS (New York only)		\$25,000 each eligible injured person.	
PROPERTY PROTECTION INSURANCE (Michigan only)		Separately stated in the Property Protection Insurance Endorsement.	
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia only)		Separately stated in the Medical Expense and Income Loss Benefits Endorsement.	
AUTO MEDICAL PAYMENTS		\$ Each Insured or the limit separately stated for each "auto" in ITEM THREE.	
UNINSURED MOTORISTS		\$	
UNDERINSURED MOTORISTS (When not included in Uninsured Motorist Coverage)		\$	

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

**COMMERCIAL AUTOMOBILE
COVERAGE PART - DECLARATIONS
BUSINESS AUTO COVERAGE FORM (Continued)**

POLICY NUMBER: 83 UUN LN4159

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS (Continued)

Coverages	Covered Autos	Limit The Most We Will Pay for Any One Accident or Loss	Advance Premium
PHYSICAL DAMAGE		See ITEM FOUR for hired or borrowed "autos".	
COMPREHENSIVE COVERAGE	08	Actual Cash Value, Cost of Repair, or the Stated Amount shown in ITEM THREE, whichever is smallest, minus any deductible shown in ITEM THREE for each covered "auto".	
SPECIFIED CAUSES OF LOSS COVERAGE		Actual Cash Value, Cost of Repair, or the Stated Amount shown in ITEM THREE, whichever is smallest, minus \$ deductible for each covered "auto" for "loss" caused by mischief or vandalism.	
COLLISION COVERAGE	08	Actual Cash Value, Cost of Repair, or the Stated Amount shown in ITEM THREE, whichever is smallest, minus any deductible shown in ITEM THREE for each covered "auto".	
TOWING AND LABOR		\$ or the amount separately stated for each "auto" in ITEM THREE, whichever is greater, for each disablement.	

Endorsement Premium
(Not included above)

TOTAL ADVANCE PREMIUM: \$ 1,769.00

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

**COMMERCIAL AUTOMOBILE
COVERAGE PART - DECLARATIONS
BUSINESS AUTO COVERAGE FORM (Continued)**

POLICY NUMBER: 83 UUN LN4159

ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN

Applicable only if "Schedule of Covered Autos You Own" is issued to form a part of this Coverage Form.
FORM HA0012 NOT ATTACHED

ITEM FOUR - SCHEDULE OF HIRED OR BORROWED AUTO COVERAGE AND PREMIUMS

COVERED AUTOS LIABILITY COVERAGE

RATING BASIS IS COST OF HIRE. Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

State	Estimated Cost of Hire	Rate Per Each \$100 Cost of Hire	Advance Premium
	\$ 20,000	1.450	\$ 407.00 MP

TOTAL COVERED AUTOS HIRED AUTO ADVANCE PREMIUM: \$ 407.00 MP

ITEM FIVE - SCHEDULE FOR NON-OWNERSHIP LIABILITY

Named Insured's Business	Rating Basis	Number	Advance Premium
Other than a Social Service Agency	Number of Employees Number of Partners	650	\$ 1,123.00
Social Service Agency	Number of Employees Number of Volunteers		

TOTAL ADVANCE PREMIUM: \$ 1,123.00 MP

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

**SUPPLEMENTARY SCHEDULE FOR COMMERCIAL AUTOMOBILE
COVERAGE PART DECLARATIONS**


BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
(Hired Auto Physical Damage)

ITEM FOUR - SCHEDULE OF HIRED OR BORROWED AUTO COVERAGE AND PREMIUMS

The Declarations is changed to include the following Coverages:

PHYSICAL DAMAGE COVERAGE

Coverages	Limit The Most We Will Pay for Any One Accident or Loss	Type Auto	Estimated Total Auto/Days of Hired Autos	Rate Per Auto/Day	Advance Premium
Compre- hensive	\$ 100,000 or Actual Cash Value or Cost of Repair, whichever is smallest, minus \$ 1,000 deductible for each covered auto.	Private Passenger			SEE HA2007
		All Other Types			SEE HA2007
Specified Causes of Loss	\$ or Actual Cash Value or Cost of Repair, whichever is smallest, minus \$ deductible for each covered auto for loss caused by mischief or vandalism.	Private Passenger			
		All Other Types			
Collision	\$ 100,000 or Actual Cash Value or Cost of Repair, whichever is smallest, minus \$ 1,000 deductible for each covered auto.	Private Passenger			SEE HA2007
		All Other Types			SEE HA2007

TOTAL ADVANCE PREMIUM:

The company located these documents in its
business records. At this time, the company
does not certify that these documents constitute
a complete and accurate copy of the policy.

POLICY NUMBER: 83 UUN LN4159



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY HIRED AUTO INSURANCE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
 AUTO DEALERS COVERAGE FORM
 MOTOR CARRIER COVERAGE FORM

COVERED AUTOS LIABILITY COVERAGE

AUTOS NOT USED IN YOUR TRUCKING OPERATIONS (Under Motor Carrier Coverage Form)

- ☐ If this box is marked, for any covered "auto" leased, hired, rented or borrowed by you this Coverage Form provides primary insurance.
- ☐ If this box is marked, for a covered "auto" leased, hired, rented or borrowed by you from a person or organization named below this Coverage Form provides primary insurance.

State	Estimated Cost of Hire	Primary Rate Per Each \$100 Cost of Hire	Advance Premium
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TOTAL ADVANCE PREMIUM:

PHYSICAL DAMAGE COVERAGE

- ☒ If this box is marked, for any covered "auto" leased, hired, rented or borrowed by you this Coverage Form provides primary insurance.
- ☐ If this box is marked, for a covered "auto" leased, hired, rented or borrowed by you from a person or organization named below this Coverage Form provides primary insurance.

Coverages	Type Auto	Estimated Total Auto/Days of Hired Autos	PrimaryRate Per Auto/Day	Advance Premium
Comprehensive	Private Passenger	024	.945	23.00
	All Other Types	024	.600	14.00
Specified Causes of Loss	Private Passenger			
	All Other Types			
Collision	Private Passenger	024	4.658	112.00
	All Other Types	024	3.770	90.00
TOTAL ADVANCE PREMIUM				239.00

NAMED PERSON(S) OR ORGANIZATION(S):

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

**COMMERCIAL GENERAL LIABILITY
COVERAGE PART - DECLARATIONS****POLICY NUMBER:** 83 UUN LN4159

This COMMERCIAL GENERAL LIABILITY COVERAGE PART consists of:

- A. This Declarations;
- B. Commercial General Liability Schedule;
- C. Commercial General Liability Coverage Form; and
- D. Any Endorsements issued to be a part of this Coverage Part and listed below.

LIMITS OF INSURANCE

The Limits of Insurance, subject to all the terms of this Policy that apply, are:

Each Occurrence Limit	\$1,000,000
Damage to Premises Rented to You Limit - Any One Premises	\$300,000
Medical Expense Limit - Any One Person	\$10,000
Personal and Advertising Injury Limit	\$1,000,000
General Aggregate Limit, (other than Products-Completed Operations)	\$2,000,000
Products-Completed Operations Aggregate Limit	\$2,000,000

ADVANCE PREMIUM: \$76,641.00**AUDIT PERIOD:** ANNUAL AUDIT

Except in this Declarations, when we use the word "Declarations" in this Coverage Part, we mean this "Declarations" or the "Common Policy Declarations."

Form Numbers of Coverage Forms, Endorsements and Schedules that are part of this Coverage Part:

HC70010605	CG20100413	CG21060514	CG22300798	CG22710413
CG25040509	HC00881210	HC00971210	HC21091087	HC22340305
HC23700115	HG00010605	HG00681210	HG21020315	CG02001207
CG20260413	HC21900608	HC12101185T		
IH12011185	ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS, FORM CG 2010			
IH12011185	HC22340305 - ABSOLUTE SEXUAL ABUSE OR MOLESTATION EXCLUSION			

Form HC 00 10 07 98

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

POLICY NUMBER: 83 UUN LN4159

COMMERCIAL GENERAL LIABILITY
CG 25 04 05 09

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED LOCATION(S) GENERAL AGGREGATE LIMIT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Designated Location(s):

ALL LOCATIONS

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A.** For all sums which the insured becomes legally obligated to pay as damages caused by "occurrences" under Section I – Coverage **A**, and for all medical expenses caused by accidents under Section I – Coverage **C**, which can be attributed only to operations at a single designated "location" shown in the Schedule above:
1. A separate Designated Location General Aggregate Limit applies to each designated "location", and that limit is equal to the amount of the General Aggregate Limit shown in the Declarations.
 2. The Designated Location General Aggregate Limit is the most we will pay for the sum of all damages under Coverage **A**, except damages because of "bodily injury" or "property damage" included in the "products-completed operations hazard", and for medical expenses under Coverage **C** regardless of the number of:
 - a. Insureds;
 - b. Claims made or "suits" brought; or
 - c. Persons or organizations making claims or bringing "suits".
 3. Any payments made under Coverage **A** for damages or under Coverage **C** for medical expenses shall reduce the Designated Location General Aggregate Limit for that designated "location". Such payments shall not reduce the General Aggregate Limit shown in the Declarations nor shall they reduce any other Designated Location General Aggregate Limit for any other designated "location" shown in the Schedule above.
 4. The limits shown in the Declarations for Each Occurrence, Damage To Premises Rented To You and Medical Expense continue to apply. However, instead of being subject to the General Aggregate Limit shown in the Declarations, such limits will be subject to the applicable Designated Location General Aggregate Limit.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

- B.** For all sums which the insured becomes legally obligated to pay as damages caused by "occurrences" under Section I – Coverage **A**, and for all medical expenses caused by accidents under Section I – Coverage **C**, which cannot be attributed only to operations at a single designated "location" shown in the Schedule above:
1. Any payments made under Coverage **A** for damages or under Coverage **C** for medical expenses shall reduce the amount available under the General Aggregate Limit or the Products-completed Operations Aggregate Limit, whichever is applicable; and
 2. Such payments shall not reduce any Designated Location General Aggregate Limit.
- C.** When coverage for liability arising out of the "products-completed operations hazard" is provided, any payments for damages because of "bodily injury" or "property damage" included in the "products-completed operations hazard" will reduce the Products-completed Operations Aggregate Limit, and not reduce the General Aggregate Limit nor the Designated Location General Aggregate Limit.
- D.** For the purposes of this endorsement, the **Definitions** Section is amended by the addition of the following definition:
- "Location" means premises involving the same or connecting lots, or premises whose connection is interrupted only by a street, roadway, waterway or right-of-way of a railroad.
- E.** The provisions of Section **III** – Limits Of Insurance not otherwise modified by this endorsement shall continue to apply as stipulated.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

POLICY NUMBER: 83 UUN LN4159



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

ADDITIONAL INSURED - OWNERS, LESSEES OR
CONTRACTORS, FORM CG 2010

COMMERCIAL GENERAL LIABILITY COVERAGE PART

THE STATE OF CALIFORNIA, THE TRUSTEES OF THE CALIFORNIA STATE
UNIVERSITY AND CALIFORNIA STATE UNIVERSITY, NORTHRIDGE, THE
UNIVERSITY STUDENT UNION AT CALIFORNIA STATE UNIVERSITY, NORTHRIDGE,
THEIR OFFICERS, AGENTS, VOLUNTEERS AND EMPLOYEES.

The company located these documents in its
business records. At this time, the company
does not certify that these documents constitute
a complete and accurate copy of the policy.

POLICY NUMBER: 83 UUN LN4159



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

HC22340305 - ABSOLUTE SEXUAL ABUSE OR MOLESTATION
EXCLUSION

COMMERCIAL GENERAL LIABILITY COVERAGE PART

FORM HC22340305 HAS BEEN REMOVED FROM THIS POLICY EFF 7-1-13.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

**EMPLOYEE BENEFITS LIABILITY
COVERAGE PART - DECLARATIONS (CLAIMS MADE)**



POLICY NUMBER: 83 UUN LN4159

This EMPLOYEE BENEFITS LIABILITY COVERAGE PART (CLAIMS MADE) consists of:

- A. This Declarations;
- B. Commercial General Liability Schedule;
- C. Employee Benefits Liability Coverage Form; and
- D. Any Endorsements issued to be a part of this Coverage Part and listed below.

Retroactive Date: 06/01/95 . If no date is entered, the Retroactive Date is the Inception Date of the Policy Period stated in the Common Policy Declarations.

LIMITS OF INSURANCE

The Limits of Insurance, subject to all the terms of this Policy that apply, are:

Each Claim	\$1,000,000
Aggregate	\$2,000,000

ADVANCE PREMIUM: \$122.00

AUDIT PERIOD: ANNUAL AUDIT

Except in this Declarations, when we use the word "Declarations" in this Coverage Part, we mean this "Declarations" or the "Common Policy Declarations."

Form Numbers of Coverage Forms, Endorsements and Schedules that are part of this Coverage Part:

HC23700115	HC70110286	HC00210799	HC01340994	HC00800498
HC12101185T				

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

COMMERCIAL GENERAL LIABILITY SCHEDULE



POLICY NUMBER: 83 UUN LN4159

Entries herein, except as specifically provided elsewhere in this policy, do not modify any of the other provisions of this policy.

RATING CLASSIFICATIONS

DESCRIPTION OF HAZARDS: PREMISES/OPERATIONS COVERAGE

REFER TO: COMMERCIAL GENERAL LIABILITY
COVERAGE PART (FORM HC 00 10)

PRMS/BLDG. NO: 001/001 TERR: 501
LOCATION: 1608-1616 N WELLS ST
CHICAGO
IL. 60614

CLASSIFICATION CODE NUMBER
AND DESCRIPTION: 47474
SCHOOLS - TRADE OR VOCATIONAL - INCLUDING PRODUCTS AND/OR COMPLETED
OPERATIONS - PRODUCTS/COMPLETED OPERATIONS LOSSES ARE SUBJECT TO THE
GENERAL AGGREGATE LIMIT

PREMIUM AND RATING BASIS: PUPILS PER 1

EXPOSURE: 3,200

RATE: 9.1390

ADVANCE PREMIUM: 29,537.00

DESCRIPTION OF HAZARDS: PREMISES/OPERATIONS COVERAGE

REFER TO: COMMERCIAL GENERAL LIABILITY
COVERAGE PART (FORM HC 00 10)

PRMS/BLDG. NO: 001/001 TERR: 501
LOCATION: 1608-1616 N WELLS ST
CHICAGO
IL. 60614

CLASSIFICATION CODE NUMBER
AND DESCRIPTION: 49184
THEATERS - OTHER THAN NOT-FOR-PROFIT - INCLUDING PRODUCTS AND/OR COMPLETED
OPERATIONS - PRODUCTS/COMPLETED OPERATIONS LOSSES ARE SUBJECT TO THE
GENERAL AGGREGATE LIMIT

The company located these documents in its
business records. At this time, the company
does not certify that these documents constitute
a complete and accurate copy of the policy.

COMMERCIAL GENERAL LIABILITY SCHEDULE (Continued)

POLICY NUMBER: 83 UUN LN4159

PREMIUM AND RATING BASIS: ADMISSIONS PER 1,000
 EXPOSURE: 383,083
 RATE: 80.5740
 ADVANCE PREMIUM: 31,175.00

DESCRIPTION OF HAZARDS: PREMISES/OPERATIONS COVERAGE
 REFER TO: COMMERCIAL GENERAL LIABILITY
 COVERAGE PART (FORM HC 00 10)
 PRMS/BLDG. NO: 001/001 TERR: 501
 LOCATION: 1608-1616 N WELLS ST
 CHICAGO
 IL. 60614

CLASSIFICATION CODE NUMBER
 AND DESCRIPTION: 99718
 THEATRICAL COMPANIES - TRAVELING - INCLUDING PRODUCTS AND/OR COMPLETED
 OPERATION - PRODUCTS/COMPLETED OPERATIONS LOSSES ARE SUBJECT TO THE GENERA
 AGGREGATE LIMIT

PREMIUM AND RATING BASIS: PAYROLL PER 1,000
 EXPOSURE: 603,396
 RATE: 4.9610
 ADVANCE PREMIUM: 3,023.00

DESCRIPTION OF HAZARDS: ADDITIONAL INSURED CG2010
 REFER TO: COMMERCIAL GENERAL LIABILITY
 COVERAGE PART (FORM HC 00 10)
 ADVANCE PREMIUM: 51.00 FOR PREMISES 001

DESCRIPTION OF HAZARDS: ADDITIONAL INSURED CG2026
 NAME OF PERSON OR ORGANIZATION:
 CHICAGO PARK DISTRICT

The company located these documents in its
 business records. At this time, the company
 does not certify that these documents constitute
 a complete and accurate copy of the policy.

COMMERCIAL GENERAL LIABILITY SCHEDULE (Continued)

POLICY NUMBER: 83 UUN LN4159

DEPARTMENT OF PARK SERVICES
541 N FAIRBANKS CT FL 4
CHICAGO IL 60611

REFER TO: COMMERCIAL GENERAL LIABILITY
COVERAGE PART (FORM HC 00 10)

ADVANCE PREMIUM: 253.00 FOR PREMISES 001

DESCRIPTION OF HAZARDS: PREMISES/OPERATIONS COVERAGE

REFER TO: COMMERCIAL GENERAL LIABILITY
COVERAGE PART (FORM HC 00 10)

PRMS/BLDG. NO: 002/001 TERR: 003
LOCATION: 6560 HOLLYWOOD BLVD FL 2
LOS ANGELES
CA. 90028

CLASSIFICATION CODE NUMBER
AND DESCRIPTION: 47474
SCHOOLS - TRADE OR VOCATIONAL - INCLUDING PRODUCTS AND/OR COMPLETED
OPERATIONS - PRODUCTS/COMPLETED OPERATIONS LOSSES ARE SUBJECT TO THE
GENERAL AGGREGATE LIMIT

PREMIUM AND RATING BASIS: PUPILS PER 1

EXPOSURE: 622

RATE: 20.5430

ADVANCE PREMIUM: 12,906.00

DESCRIPTION OF HAZARDS: EMPLOYEE BENEFITS COVERAGE

REFER TO: EMPLOYEE BENEFITS LIABILITY
COVERAGE PART (FORM HC 00 20)

CLASSIFICATION CODE NUMBER
AND DESCRIPTION: 30195
EMPLOYEE BENEFITS

PREMIUM AND RATING BASIS: EMPLOYEE PER 1

The company located these documents in its
business records. At this time, the company
does not certify that these documents constitute
a complete and accurate copy of the policy.

COMMERCIAL GENERAL LIABILITY SCHEDULE (Continued)

POLICY NUMBER: 83 UUN LN4159

EXPOSURE:	475
RATE:	0.1640
ADVANCE PREMIUM:	122.00 MP

TOTAL ADVANCE PREMIUM:	77,067.00
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POLICY NUMBER:

PROPERTY CHOICE



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PROPERTY CHOICE - ADDITIONAL COVERAGES - REVISED LIMITS OF INSURANCE

This Endorsement modifies insurance provided under the following:

PROPERTY CHOICE – SPECIALIZED PROPERTY INSURANCE COVERAGE ENDORSEMENT(S)

Schedule

The following Revised Limit of Insurance is the most we will pay for that particular Additional Coverage:

Additional Coverage	Revised Limit of Insurance
Claim Expenses	\$100,000
Demolition Costs and Increased Cost of Construction-For "Tenant Improvements and Betterments"	\$2,000,000

**ACKNOWLEDGMENT OF
PREMIUM FINANCING**



Policy No.	<u>83 UUN LN4159</u>	Finance Account No.	<u>900-1520121</u>
		Named Insured and Address	
Policy Period	<u>07/01/15</u>	<u>07/01/16</u>	THE SECOND CITY, INC.
			1616 N WELLS ST
			CHICAGO IL 60614
	Finance Company and Address		Insurance Company(ies) and Address(es)
	FIRST INSURANCE FUNDING CORP.		HARTFORD FIRE INSURANCE COMPANY
	450 SKOKIE BLVD, STE 1000		ONE HARTFORD PLAZA
	NORTHBROOK, IL 60062-7917		HARTFORD, CONNECTICUT 06155
		Agent/Broker	
		ALPER SERVICES LLC	
		555552	

The Insurance Company acknowledges that the Finance Company has notified the Insurance Company that the Finance Company has advanced the premium on the above policy to or for the account of the Named Insured, although the Insurance Company will neither make that notification, even if it is in the form of an endorsement, part of its policy, nor be bound by any terms or conditions of the notification except as is stated in this Acknowledgment.

Upon receipt of an authorized notice of cancellation from the Finance Company, the Insurance Company will recognize termination of the insurance protection afforded by the policy and make payment of any return premium. Such termination shall not become effective, however, prior to the expiration of the shortest period which must elapse to make the termination effective in accordance with the terms of the policy and the requirements of any law.

The Insurance Company does expressly state, so that there will not be any misunderstanding, that this Acknowledgment does not vary, waive, alter, or extend the policy.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

POLICY NUMBER: 83 UUN LN4159

COMMERCIAL GENERAL LIABILITY
CG 20 10 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - OWNERS, LESSEES OR
CONTRACTORS - SCHEDULED PERSON OR
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
THE STATE OF CALIFORNIA, THE TRUSTEES OF THE CALIFORNIA UNIVERSITY AND CALIFORNIA STATE UNIVERSITY, NORTHRIDGE THE UNIVERSITY STUDENT UNION AT CALIFORNIA STATE UNIVERSITY, NORTHRIDGE THEIR OFFICERS, AGENTS, VOLUNTEERS, AND EMPLOYEES.	LOCATION 001
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

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- C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute

POLICY NUMBER: 83 UUN LN4159

COMMERCIAL GENERAL LIABILITY
CG 20 26 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

<p>Name Of Additional Insured Person(s) Or Organization(s):</p> <p>CHICAGO PARK DISTRICT DEPARTMENT OF PARK SERVICES 541 N FAIRBANKS CT FL 4 CHICAGO IL 60611</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
 2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

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COMMERCIAL GENERAL LIABILITY



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ILLINOIS CHANGES -
EMPLOYEE BENEFITS LIABILITY**

This endorsement modifies insurance provided under the following:

EMPLOYEE BENEFITS LIABILITY COVERAGE PART

A. Paragraph 6. of **DEFINITIONS** (Section VI) is replaced with the following:

6. "Damages" do not include:

1. Fines;
2. Penalties; or
3. Damages for which insurance is prohibited by the law applicable to the construction of this Coverage Part.

B. The following paragraph f. is added to Paragraph 3. of **SUPPLEMENTAL PAYMENTS - COVERAGE EB** (Section I):

f. Prejudgment interest awarded the insured on that part of the judgment we pay.



SCHEDULE CHANGES

Rating Classification	Code No.	Premium Basis	Rate	Annual Premium	Addl. or Ret. Premium
				\$	\$

The company located these documents in its

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.



EMPLOYEE BENEFITS LIABILITY COVERAGE FORM

COVERAGE EB PROVIDES CLAIMS MADE COVERAGE.
PLEASE READ THE ENTIRE FORM CAREFULLY.

Various provisions in this policy restrict coverage. Read the entire policy carefully to determine rights, duties and what is and is not covered.

Throughout this policy, the words, "you" and "your" refer to the Named Insured shown in the Declarations. The words "we" "us" and "our" refer to the Company providing this insurance.

The word "insured" means any person or organization qualifying as such under SECTION II - WHO IS AN INSURED.

Other words and phrases that appear in quotation marks have special meaning.

Refer to SECTION VI - DEFINITIONS.

SECTION I - COVERAGE EB

1. INSURING AGREEMENT.

- a. We will pay those sums that the insured becomes legally obligated to pay as "damages" because of "employee benefits injury" to which this insurance applies. No other obligation or liability to pay sums or perform acts or services is covered unless explicitly provided for under **SUPPLEMENTARY PAYMENTS - COVERAGE EB**. This insurance does not apply to "employee benefits injury" which occurred before the Retroactive Date, if any, shown in the Declarations or which occurs after the policy period. The negligent act, error or omission must take place in the "coverage territory".

We will have the right and duty to defend any "claim" or "suit" seeking such "damages". But:

- (1) The amount we will pay for "damages" is limited as described in **SECTION III - LIMITS OF INSURANCE**;
- (2) We may, at our discretion, investigate any alleged act, error or omission and settle any

"claim" or "suit" that may result; and

- (3) Our right and duty to defend end when we have used up the applicable limit of insurance in the payment of judgments or settlements under Coverage EB. This applies both to "claims" and "suits" pending at that time and to those filed thereafter.
- b. This insurance applies to an "employee benefits injury" only if:
- (1) A "claim" for "damages" because of the "employee benefits injury" is first made against any insured during the policy period; and
- (2) At the time you applied for this insurance you had no knowledge of any "claim" or "suit" or of any "employee benefits injury" which might reasonably be expected to result in a "claim" or "suit," except as you had reported to us in writing at the time you so applied.
- c. A "claim" by a person or organization seeking "damages" will be deemed to have been made when notice of such "claim" is received and recorded by an insured or by us, whichever comes first.
- d. All "claims" for "damages" because of "employee benefits injury" to the same person or organization will be deemed to have been made at the time the first of those "claims" is made against any insured.

2. EXCLUSIONS

This insurance does not apply to:

- a. Any civil or criminal liability imposed on the insured, arising out of:
- (1) Any failure by the insured to comply with

EMPLOYEE BENEFITS LIABILITY COVERAGE FORM

any federal or state statutory or regulatory reporting requirement relating to an "employee benefits program;" or

- (2) The commission or omission by an insured of any activity in connection with the management of assets of the "employee benefits program" which is prohibited under any federal or state statute or regulation.

For the purposes of this exclusion, civil or criminal liability includes pre or post judgement costs or expenses.

- b. "Bodily injury," "property damage," "personal and advertising injury."
- c. Any dishonest, fraudulent, criminal or malicious act.
- d. The failure of any investment or saving program to perform as represented by an insured.
- e. An "employee benefits injury" that arises out of advice given by any insured to an "employee" whether to participate or not to participate in any "employee benefits program."
- f. The failure of any insured to:
 - (1) Perform any obligation;
 - (2) Fulfill any guarantee;
 with respect to:
 - (1) The payment of benefits under any "employee benefits program;" or
 - (2) The providing, handling or investing of funds relating to any of these.

3. SUPPLEMENTARY PAYMENTS - COVERAGE EB

We will pay, with respect to any "claim" or "suit" we defend:

- a. All expenses we incur.
- b. The cost of bonds to release attachments, but only for bond amounts within the applicable limit of insurance. We do not have to furnish these bonds.
- c. All reasonable expenses incurred by the insured at our request to assist us in the investigation or defense of the "claim" or "suit," including actual loss of earnings up to \$250 a day because of time off from work.
- d. All costs taxed against the insured in the "suit."
- e. All interest on the full amount of any judgment that accrues after entry of the judgment and before we have paid, offered to pay, or deposited

in court the part of the judgment that is within the applicable limit of insurance.

These payments will not reduce the limits of insurance.

SECTION II - WHO IS AN INSURED

1. If you are designated in the Declarations as:

- a. An individual, you and your spouse are insureds, but only with respect to the conduct of a business of which you are the sole owner.
- b. A partnership or joint venture, you are an insured. Your members, your partners, and their spouses are also insureds, but only with respect to the conduct of your business.
- c. A limited liability company, you are an insured. Your members are also insureds, but only with respect to the conduct of your business. Your managers are insureds, but only with respect to their duties as your managers.
- d. An organization other than a partnership, joint venture or limited liability company, you are an insured. Your "executive officers" and directors are insureds, but only with respect to their duties as your officers or directors. Your stockholders are also insureds, but only with respect to their liability as stockholders.

2. Each of the following is also an insured:

- a. Your "employees", other than either your "executive officers" (if you are an organization other than a partnership, joint venture or limited liability company) or your managers (if you are a limited liability company), but only for acts within the scope of their employment by you or while performing duties related to the conduct of your business.
- b. Your legal representative if you die, but only with respect to duties as such. That representative will have all your rights and duties under this Coverage Part.

3. Any organization you newly acquire or form, other than a partnership, joint venture or limited liability company, and over which you maintain ownership or majority interest, will qualify as a Named Insured if there is no other similar insurance available to that organization. However:

- a. Coverage under this provision is afforded only until the 180th day after you acquire or form the organization or the end of the policy period, whichever is earlier; and
- b. Coverage EB does not apply to "employee benefits injury" that occurred before you acquired or formed the organization.

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EMPLOYEE BENEFITS LIABILITY COVERAGE FORM

No person or organization is an insured with respect to the conduct of any current or past partnership, joint venture or limited liability company that is not shown as a Named Insured in the Declarations.

SECTION III - LIMITS OF INSURANCE

1. The Limits of Insurance shown in the Declarations and the rules below fix the most we will pay regardless of the number of:
 - a. Insureds;
 - b. "Claims" made or "suits" brought; or
 - c. Person or organizations making "claims" or bringing "suit."
2. The Employee Benefits Liability Aggregate Limit is the most we will pay for all "damages" to which this insurance applies.
3. Subject to 2. above the Each Claim Limit is the most we will pay for all "damages" with respect to any one "claim".

The limits of this policy apply separately to each consecutive annual period and to any remaining period of less than 12 months, starting with the beginning of the policy period shown in the Declarations, unless the policy period is extended after issuance for an additional period of less than 12 months. In that case the additional period will be deemed part of the last preceding period for purposes of determining the Limits of Insurance.

SECTION IV - EMPLOYEE BENEFITS LIABILITY CONDITIONS**1. Bankruptcy.**

Bankruptcy or insolvency of the insured or of the insured's estate will not relieve us of our obligations under this Coverage Part.

2. Duties in The Event of Employee Benefits Injury, Claim or Suit.

- a. You must see to it that we are notified as soon as practicable of an "employee benefits injury" which may result in a "claim". To the extent possible, notice should include:
 - (1) How, when and where the "employee benefits injury" took place; and
 - (2) The names and addresses of any injured persons and witnesses.

Notice of an "employee benefits injury" is not notice of a "claim".
- b. If a written "claim" is made or "suit" is brought against any insured, you must see to it that we receive prompt written notice of the "claim" or "suit".

c. You and any other involved insured must:

- (1) Immediately send us copies of any demands, notices, summonses or legal papers received in connection with the "claim" or "suit";
 - (2) Authorize us to obtain records and other information;
 - (3) Cooperate with us in the investigation, settlement or defense of the "claim" or "suit"; and
 - (4) Assist us, upon our request, in the enforcement of any right against any person or organization which may be liable to the insured because of "employee benefits injury" to which this insurance may also apply.
- d. No insureds will, except at their own cost, voluntarily make a payment, assume any obligation or incur any expense, other than for first aid, without our consent.

3. Legal Action Against Us.

No person or organization has a right under this Coverage Part:

- a. To join us as a party or otherwise bring us into a "suit" asking for "damages" from an insured; or
- b. To sue us on this Coverage Part unless all of its terms have been fully complied with.

A person or organization may sue us to recover on an agreed settlement or on a final judgment against an insured obtained after an actual trial; but we will not be liable for "damages" that are not payable under the terms of this Coverage Part or that are in excess of the applicable limit of insurance. An agreed settlement means a settlement and release of liability signed by us, the insured and the claimant or the claimant's legal representative.

4. Other Insurance.

If other valid and collectible insurance is available to the insured for a loss we cover, our obligations are limited as follows:

a. Primary Insurance

This insurance is primary except when b. below applies. If this insurance is primary, our obligations are not affected unless any of the other insurance is also primary. Then we will share with all that other insurance by the method described in c. below.

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EMPLOYEE BENEFITS LIABILITY COVERAGE FORM**b. Excess Insurance**

This insurance is excess over any other insurance, whether primary, excess, contingent or on any other basis, that is effective prior to the beginning of the policy period shown in the Declarations of this Coverage Part and applies to "damages" on other than a claims-made basis, if:

- (1) No retroactive date is shown in the Declarations of this Coverage Part; or
- (2) The other insurance has a policy period which continues after the Retroactive Date shown in the Declarations of this Coverage Part.

When this insurance is excess, we will have no duty to defend any "claim" or "suit" that any other insurer has a duty to defend. If no other insurer defends, we will undertake to do so, but we will be entitled to the insured's rights against all those other insurers.

When this insurance is excess, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:

- (1) The total amount that all such other insurance would pay for the loss in the absence of this insurance; and
- (2) The total of all deductible and self-insured amounts under all that other insurance.

We will share the remaining loss, if any, with any other insurance that is not described in this Excess Insurance provision and was not bought specifically to apply in excess of the Limits of Insurance shown in the Declarations of this Coverage Part.

c. Method of Sharing

If all of the other insurance permits contribution by equal shares, we will follow this method also. Under this approach, each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

If any of the other insurance does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.

5. Premium Audit.

- a. We will compute all premiums for this Coverage Part in accordance with our rules and rates.

- b. Premium shown in this Coverage Part as advance premium is a deposit premium only. At the close of each audit period we will compute the earned premium for that period.

Audit premiums are due and payable on notice to the first Named Insured. If the sum of the advance and audit premiums paid for the policy term is greater than the earned premium, we will return the excess to the first Named Insured.

- c. The first Named Insured must keep records of the information we need for premium computation, and send us copies at such times as we may request.

6. Representations.

By accepting this policy, you agree:

- a. The statements in the Declarations are accurate and complete;
- b. Those statements are based upon representations you made to us; and
- c. We have issued this policy in reliance upon your representations.

7. Separation of Insureds.

Except with respect to the Limits of Insurance, and any rights or duties specifically assigned in this Coverage Part to the first Named Insured, this insurance applies:

- a. As if each Named Insured were the only Named Insured; and
- b. Separately to each insured against whom "claim" is made or "suit" is brought.

8. Transfer Of Rights Of Recovery Against Others To Us.

If the insured has rights to recover all or part of any payment we have made under this Coverage Part, those rights are transferred to us. The insured must do nothing after loss to impair them. At our request, the insured will bring "suit" or transfer those rights to us and help us enforce them.

SECTION V - EXTENDED REPORTING PERIODS

1. We will provide one or more Extended Reporting Periods, as described below, if:
 - a. This Coverage Part is cancelled or not renewed; or
 - b. We renew or replace this Coverage Part with insurance that:

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EMPLOYEE BENEFITS LIABILITY COVERAGE FORM

- (1) Has a Retroactive Date later than the date shown in the Declaration of this Coverage Part; or
 - (2) Does not apply to "employee benefits injury" on a claims-made basis.
2. A Basic Extended Reporting Period is automatically provided without additional charge. This period starts with the end of the policy period and lasts for:
- a. One year for "claims" arising out of an "employee benefits injury" reported to us, not later than 60 days after the end of the policy period, in accordance with paragraph 2.a. of **SECTION IV - EMPLOYEE BENEFITS LIABILITY CONDITIONS**; or
 - b. Sixty days for all other "claims".
- The Basic Extended Reporting Period does not apply to "claims" that are covered under any subsequent insurance you purchase, or that would be covered but for exhaustion of the amount of insurance applicable to such "claims".
3. A Supplemental Extended Reporting Period of three years duration is available, but only by an endorsement and for an extra charge. This supplemental period starts:
- a. One year after the end of the policy period for "claims" arising out of an "occurrence" reported to us, not later than 60 days after the end of the policy period, in accordance with paragraph 2.a. of **SECTION IV - EMPLOYEE BENEFITS LIABILITY CONDITIONS**; or
 - b. Sixty days after the end of the policy period for all other "claims".

You must give us a written request for the endorsement within 60 days after the end of the policy period. The Supplemental Extended Reporting Period will not go into effect unless you pay the additional premium promptly when due.

We will determine the additional premium in accordance with our rules and rates. In doing so, we may take into account the following:

- a. The exposures insured;
- b. Previous types and amount of insurance;
- c. Limits of Insurance available under this Coverage Part for future payment of "damages," and
- d. Other related factors.

The additional premium will not exceed 200% of the annual premium for this Coverage Part.

This endorsement shall set forth the terms, not inconsistent with this Section, applicable to the

Supplemental Extended Reporting Period, including a provision to the effect that the insurance afforded for "claims" first received during such period is excess over any other valid and collectible insurance available under policies in force after the Supplemental Extended Reporting Period starts.

4. Extended Reporting Periods do not extend the policy period or change the scope of coverage provided. They apply only to "claims" for "employee benefits injury" that occur before the end of the policy period (but not before the Retroactive Date, if any, shown in the Declarations).

"Claims" for such injury which are first received and recorded during the Basic Extended Reporting Period (or during the Supplemental Extended Reporting Period, if it is in effect) will be deemed to have been made on the last day of the policy period.

Once in effect, Extended Reporting Periods may not be cancelled.

5. Extended Reporting Periods do not reinstate or increase the Limits of Insurance applicable to any "claim" to which this Coverage Part applies, except to the extent described in paragraph 6. of this Section.

6. If the Supplemental Extended Reporting Period is in effect, we will provide the separate aggregate limit of insurance described below, but only for "claims" first received and recorded during the Supplemental Extended Reporting Period.

The separate aggregate limit of insurance will be equal to the dollar amount shown in the Declarations in effect at the end of the policy period.

Paragraph 2. of **SECTION III - LIMITS OF INSURANCE** will be amended accordingly.

SECTION VI - DEFINITIONS

As used in this coverage part:

1. "Administration" means:
 - a. Giving counsel to your employees or their dependents and beneficiaries, with respect to interpreting the scope of your "employee benefits program" or their eligibility to participate in such programs; and
 - b. Handling records in connection with "employee benefits program".
2. "Advertisement" means a dissemination of information or images that has the purpose of inducing the sale of goods, products or services through:

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EMPLOYEE BENEFITS LIABILITY COVERAGE FORM

- a. (1) Radio;
 - (2) Television;
 - (3) Billboard;
 - (4) Magazine;
 - (5) Newspaper; or
 - b. Any other publication that is given widespread public distribution.
- However, "advertisement" does not include the design, printed material, information or images contained in, on or upon the packaging or labeling of any goods or products.
- 3. "Advertising idea" means any idea for an "advertisement".
 - 4. "Bodily injury" means bodily injury, sickness or disease sustained by a person, including mental anguish or death resulting from any of these at any time.
 - 5. "Claim" means a written demand received by any insured for "damages" alleging "employee benefits injury", including the institution of a "suit" for such "damages" against any insured.
 - 6. "Coverage territory" means:
 - a. The United States of America (including its territories and possessions), Puerto Rico and Canada;
 - b. International waters or airspace, provided the "employee benefits injury" does not occur in the course of travel or transportation to or from any place not included in a. above.
 - 7. "Damages" include prejudgment interest awarded against the insured on that part of the judgment we pay. "Damages" do not include:
 - 1. Fines;
 - 2. Penalties; or
 - 3. Damages for which insurance is prohibited by the law applicable to the construction of this Coverage Part.
 - 8. "Employee" includes a "leased worker" which is not covered under a labor leasing firm's "employee benefits program". "Employee" does not include a "temporary worker".
 - 9. "Employee benefits injury" means injury that arises out of any negligent act, error or omission in the "administration" of your "employee benefits programs".
 - 10. "Employee benefits program" means a formal program or programs of employee benefits maintained in connection with your business or operation, such as but not limited to:

- a. Group life insurance, group accident or health insurance, profit sharing plans, pension plans and stock subscription plans, provided that no one other than an "employee" may subscribe to such insurance or plans; and
 - b. Unemployment insurance, social security benefits, workers' compensation and disability benefits.
- 11. "Executive officer" means a person holding any of the officer positions created by your charter, constitution, by-laws or any other similar governing document.
 - 12. "Leased worker" means a person leased to you by a labor leasing firm under an agreement between you and the labor leasing firm, to perform duties related to the conduct of your business. "Leased worker" does not include a "temporary worker".
 - 13. "Occurrence" means an accident, including continuous or repeated exposure to substantially the same general harmful conditions.
 - 14. "Personal and advertising injury" means injury, including consequential "bodily injury", arising out of one or more of the following offenses:
 - a. False arrest, detention or imprisonment;
 - b. Malicious prosecution;
 - c. The wrongful eviction from, wrongful entry into, or invasion of the right of private occupancy of a room, dwelling or premises that a person occupies, committed by or on behalf of its owner, landlord or lessor;
 - d. Oral or written publication of material that slanders or libels a person or organization or disparages a person's or organization's goods, products or services;
 - e. Oral or written publication of material that violates a person's right of privacy.
 - f. Copying, in your "advertisement", a person's or organization's "advertising ideas" or style of "advertisement" or
 - g. Infringement of copyright, slogan, or title of any literary or artistic work, in your "advertisement".
 - 15. "Property damage" means:
 - a. Physical injury to tangible property, including all resulting loss of use of that property. All such loss of use shall be deemed to occur at the time of the physical injury that caused it; or
 - b. Loss of use of tangible property that is not physically injured. All such loss shall be deemed to occur at the time of the occurrence that caused it.

The company has not reviewed these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

EMPLOYEE BENEFITS LIABILITY COVERAGE FORM

15. "Suit" means a civil proceeding in which damage because of "employee benefits injury" to which this insurance applies are alleged. "Suit" includes:
- a. An arbitration proceeding in which such damages are claimed and to which you must submit or do submit with our consent; or
 - b. Any other alternative dispute resolution proceeding in which such damages are claimed and to which you submit with our consent.
16. "Temporary worker" means a person who is furnished to you to substitute for a permanent "employee" on leave or to meet seasonal or short-term workload conditions.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

COMMERCIAL GENERAL LIABILITY



QUICK REFERENCE EMPLOYEE BENEFITS LIABILITY COVERAGE PART CLAIMS MADE

READ YOUR POLICY CAREFULLY

DECLARATIONS PAGES

Named Insured and Mailing Address
Policy Period
Description of Business and Location
Coverages and Limits of Insurance

SECTION I - COVERAGES**Beginning on Page**

Coverage EB	Insuring Agreement	1
	Exclusions	1
	Supplementary Payments	2

SECTION II - WHO IS AN INSURED	2
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SECTION III - LIMITS OF INSURANCE	2
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SECTION IV - EMPLOYEE BENEFITS LIABILITY CONDITIONS	3
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Bankruptcy	3
Duties in the Event of Employee Benefits Injury, Claim or Suit	3
Legal Action Against Us	3
Other Insurance	3
Premium Audit	4
Representations	4
Separations of Insureds	4
Transfer of Rights of Recovery Against Others To Us	4

SECTION V - EXTENDED REPORTING PERIOD	4
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SECTION VI - DEFINITIONS	5
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COMMON POLICY CONDITIONS

Cancellation
Changes
Examination of Your Books and Records
Inspections and Surveys
Premiums
Transfer of Your Rights and Duties under this Policy

ENDORSEMENTS

These form numbers are shown on the Coverage Part - Declarations Page or on the Common Policy Declarations Page.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.